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ABSTRACT

This study explored the nature of decisions concerning program entry, training component, continuation in the program, job choice, and child care arrangements. The participants were 151 caseworkers, 318 Aid for Dependent Children (AFDC) mothers referred to or participating in one of three Work Incentive (WIN) programs, and 121 WIN team members. To investigate the factors affecting the decisions, the processes that produced them, and the respondents' evaluations of the decisions and decision-making process, structured interviews were held with caseworkers, clients, and team members in Chicago, Cleveland, and Detroit. Analysis of interview data revealed that the caseworker's decision to refer a client to WIN seemed most strongly influenced by her perception of the client's motivation. The majority of the AFDC women thought they would be pressured or penalized in some way if they did not participate in WIN. Despite this feeling of pressure, 90 percent indicated they were "pleased" or "very pleased" over their referral to WIN. WIN team members were in agreement that the other staff members were their most useful source in acquiring information to help them do their jobs. These and other major results are discussed. (SB)

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DECISION-MAKING
IN THE
WORK INCENTIVE PROGRAM

Final Report

Submitted to
The Office of Research and Development
Manpower Administration
Department of Labor

School of Applied Social Sciences
Case Western Reserve University

School of Social Work
University of Michigan

School of Social Service Administration
The University of Chicago

March 1972

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Final Report

Submitted to
The Office of Research and Development
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Edited by

William J. Reid

with the collaboration of Audrey D. Smith

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The School of Social Service Administration
The University of Chicago

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Chapter 1

Overview of Study and Major Recommendations

The present investigation was begun in 1969 by a consortium of schools of social work at the University of Chicago, the University of Michigan and Case Western Reserve University. The project grew out of complementary interests on the part of the Manpower Administration and the participating schools. The Manpower Administration was interested in involving schools of social work in Manpower planning and research because of its growing investment in programs (notably the Work Incentive Program) designed to train public assistance recipients for work roles. Schools of social work were looked to as sources of expertness in respect to such target groups. For their part, schools of social work were becoming increasingly interested in manpower programs since such efforts appeared to offer promising solutions for many of the problems of economic dependency that had not yielded to traditional social work approaches. This confluence of interests led the three schools of social work to undertake a study in an area of particular concern to the Manpower Administration--decision making in the recently launched Work Incentive Program.

It was agreed that the study was to be a closely coordinated effort among the three schools, to be carried out under a single design and utilizing common instruments. Each school was to take responsibility for the investigation of the principal WIN program in its own locale (Chicago, Detroit or Cleveland). While this plan was followed, it was later decided that each school would take responsibility for analysis and reporting of data relating to specific topics for all three programs. The report to follow is a combined effort of the three schools, with each school contributing chapters or portions of chapters to make up the whole.

The social work researchers who agreed to participate in the project

approached its rather formidable subject area with mixed feelings. On the one hand they felt they had something to contribute from their knowledge of counseling processes and of public welfare organizations and their clienteles; and on the other, they were unfamiliar with WIN and new to the field of manpower research. Moreover, the WIN program itself was in the throes of growth and change, unusually complex and virtually unstudied. Finally, study of decision-making in natural situations is fraught with uncertainties and unsolved problems, even when carried on in well established organizations whose basic operations are reasonably well known. While the project structure offered opportunity for simultaneous, coordinated investigations of three large-scale WIN programs, major differences among the programs presented difficulties in the design and instrumentation of the study. In view of these considerations it was recognized that the investigation would be a descriptive-exploratory effort guided in large part by the researchers' emerging understanding of the program.

General Purposes and Scope of the Study

The primary purposes of the study were: (1) to contribute to knowledge of decision-making in the WIN program; (2) to develop recommendations designed to improve such decision-making. Additional objectives were to stimulate the interest of social work students and faculty in manpower concerns and to develop curriculum materials for social work training programs at graduate and undergraduate levels.

In accordance with the research priorities of the Manpower Administration, the study was to focus on the decision-making of three sets of actors in the WIN program: the department of welfare caseworkers who refer individuals to the program; the female public assistance recipient who is variously referred to as a client, a WIN enrollee or an AFDC mother; and the service delivery

personnel of the program--the members of the WIN teams. It was soon recognized, however, that other aspects of the WIN program would need to be taken into account if decision-making of caseworkers, clients and team members was to be viewed in proper perspective. Consequently provisions for some study of overall operations of the three WIN programs was built into the study plan.

Nature and Organization of the Report

The nature and organization of the report reflects the multiple purposes of the study which included contributing to knowledge of decision-making in WIN, making recommendations to the Manpower Administration and generating curriculum materials for schools of social work. To satisfy these various purposes, it was decided to issue a two volume report. The present document comprises the first volume, the contents of which will now be described.

Following this section our major recommendations will be presented. Readers who are primarily interested in our recommendations and who do not have time to read our report in detail, will be directed to those sections of the report which serve as the basis for particular recommendations. Chapter 2 will provide an overview of the WIN program generally and a qualitative analysis of the three WIN programs studied. This chapter was not placed among our "findings" chapters, since it draws on observations of the WIN program not encompassed by our formal study design. Moreover, Chapter 2 provides a necessary orientation to students or other readers not familiar with the WIN program and should have intrinsic interest to those concerned with manpower policy and the administration of manpower programs. Readers not familiar with the WIN program may wish to read this chapter before considering our recommendations.

Chapter 3 sets forth the framework and questions that served to guide our study of the decision-making of caseworkers, clients and WIN team members. The design and method of the study are discussed in Chapter 4. The next four

chapters present findings based on data obtained from caseworkers (Chapter 5); from clients (Chapter 6); from a matched sample of clients and WIN team members (Chapter 7); and from WIN team members generally (Chapter 8). The final chapter presents a summary of the design and findings of the study. A write-up of a small sub-study of male enrollees from the Cleveland program is attached as an Appendix to Volume I.

The second volume of the report will consist of a series of self-contained papers which will present certain study findings in greater depth than was possible in Volume I. Most of these papers (several of which have already been prepared) will be submitted to professional journals for publication.

Major Recommendations

The major recommendations resulting from the study pertain to five aspects of the WIN program: intake and referral; client activities and decision making in the program; child care provision; the WIN team; and the administrative structure of the program. Each recommendation is first presented in a summary statement. This is followed by a brief elaboration, including citations of the section, or sections, of the report which provided the empirical basis for the recommendation. Other recommendations and implications may be found in Chapters 5 to 8 of the report.

It should be understood that the recommendations are based on data collected from three WIN programs (Chicago, Cleveland, Detroit) during a period beginning in October, 1969 and ending June, 1971. The recommendations apply most directly to the programs studied, although it is recognized that these programs and their clienteles have changed in numerous ways since the termination of our data collection period. In addition, the recommendations should have some application to WIN programs generally, in particular those in large

urban areas. It must also be understood that the recommendations emerged from study of WIN's efforts with female enrollees---the primary target group in our three WIN programs at the time of our study. Certain recommendations, particularly 7, 8 and 13-19, are not intended to be restricted, however, to programs containing only female clienteles.

Although the recommendations are addressed to the WIN program, they have been made with possible successor programs in mind. The future of WIN is uncertain, as this report is being written. If legislation (HR-1) now pending is enacted, WIN would be replaced by another kind of work-training program as a part of a national welfare system. Whatever the form this new program takes--at present it looks as if it will not be radically different from WIN--it must deal with the kind of population examined in the present study and, hopefully, its architects will take the WIN experience into account. Therefore our recommendations are also offered as guides for the planners of whatever program may succeed WIN.

Intake and Referral

1. Self-selection should be the primary basis for deciding which AFDC mothers should be referred to and accepted by WIN.

The low placement rate for women in WIN programs generally (18 percent in 1970) suggests that only a small minority of female enrollees are able to find jobs as a result of their participation in WIN. Our data (Chapter 6) suggests that the AFDC mothers in our study will experience no greater success. Moreover, we were unable to isolate any set of factors that might be predictive of potential success in WIN or in the labor market. Since there appears to be no precise way of identifying potentially successful enrollees at point of referral, it makes sense to use client self-selection as a basis for bringing into the program the more highly motivated AFDC mothers and leaving out

those who are really not interested.

2. The priority system should be made more flexible.

The current system of rigid priority categories, although not used uniformly in our cities, excludes any significant assessment of client motivation or situational readiness except at the level of volunteer/non-volunteer and appropriate/non-appropriate. Motivation is cited by both caseworkers (Chapter 5) and team members (Chapter 8) as a primary factor in the probable success of a client, and health and home situation are most often cited as the reasons for leaving the program prior to completion (Chapter 6). To be held to the sex, age and children's school status of the present priority system appears to be dysfunctional to the success of the program. If self-selection is not used as a basis for admitting clients to the program (Recommendation 1) then we recommend that the present priorities, at least as they apply to AFDC mothers, be replaced by a more flexible screening system (see Recommendation 6).

3. If public assistance agencies retain responsibility to select clients for referral to WIN, then they should attempt to develop clearer and more precise criteria for client selection.

This recommendation is based on evidence (Chapter 5) that caseworkers vary considerably in the criteria they use in selecting clients for referral to WIN. As a result, whether or not a client is referred to WIN may depend excessively upon the idiosyncratic judgment of her particular caseworker. Once specific criteria are generated, they should be communicated to staff members, and the caseworkers should be trained so that they have the necessary skills to utilize these criteria in making valid referral decisions. Further, in light of the variation in worker decision making, internal agency monitoring systems should be established. This would allow the agency to intervene with training and other control mechanisms for non-compliant staff members.

4. More information is necessary for caseworkers regarding opportunities available through the WIN program. This information needs to be of a general type available through in-service training as well as uniform feedback about their own clients at regular intervals.

Findings presented in Chapter 5 indicate that public assistance caseworkers lack accurate and complete knowledge of WIN. It is also clear (Chapter 2) that little provision is made for reporting back to caseworkers on the progress or outcomes of cases referred to WIN. Increased information of both types would give caseworkers and supervisors a more informed basis for making referral decisions.

Workshops conducted by WIN personnel could provide a vehicle for familiarizing welfare staff with WIN, particularly with the kind of training opportunities that are available in the program. Feedback on individual cases could be supplied through regular reports on each client, covering his progress through the program.

5. The AFDC mother should be better informed of consequences of not participating in WIN.

Findings presented in Chapter 6 suggest that clients have contradictory and inaccurate conceptions of what will happen to them if they refuse to participate in WIN. We take the position that clients have a right to know the probable consequences of decisions as important as whether or not to enter WIN. Moreover, if such clients are to be intelligent participants in the program, they need to know the rules of the game.

If the program should become a voluntary one for AFDC mothers then, of course, no problem arises. But if we assume that WIN or its successor will have compulsory features (as appears likely) then a systematic effort should be made to give clients a clear understanding of what can (and cannot) be done to them if they choose not to participate.

6. Outreach enrollment units should be established in large cities.

This recommendation is based on our qualitative analysis of the WIN program in three cities (Chapter 2). It can be specified through the following sub-recommendations.

a. <u>These units should include representatives of Welfare, Labor and the Department of Vocational Rehabilitation</u>. Similar to the Cleveland Vocational Screening Committee, this unit could use the expertise of persons knowledgeable about alternative rehabilitative solutions.

b. <u>The unit should be able to make determination of a variety of alternatives</u>. Clients whose names were placed before this committee could be screened for several possibilities at once. Those in need of psychiatric counsel could be referred to special welfare counseling services. Those for whom physical or mental vocational rehabilitation was required could be referred to the Department of Vocational Rehabilitation programs. Those for whom obvious family problems required that they remain in the home could be offered particular welfare services through service caseworkers. Finally, those immediately appropriate to WIN could be <u>enrolled</u> in that program. It is conceivable that in situations where there are too few openings in the WIN program, clients in need of remedial education could be served by other existing programs to be periodically reviewed by the outreach unit. The extra features of the WIN program make it more desirable that they be enrolled in that program where possible.

c. <u>The units should be either permanently located in district welfare offices or mobile with regular visits to district offices</u>. This feature of the unit is particularly important for an aggressive

search for clients as is displayed in the Chicago outreach teams rather than a passive acceptance of those persons who are "sent in."

d. Clients should participate in the determination of alternatives.

If the client is to be expected to participate fully in the program, she should have a thorough understanding of its provisions. An extensive explanation of the program will, at least, offer the possibility of a more rational choice by the client and begin the socialization process for those who choose to enter. The experience with non-volunteers is sufficient to suggest that their participation will be minimal at best and certainly costly to whatever program they are in.

Client Activities and Decision Making

7. Client orientation should be a function of the WIN office with direct involvement of the WIN team. It should be seen as a process that continues throughout the client's career in the program rather than as a "one-shot" affair that takes place only at the beginning.

The interaction between the client and the team to tailor the employability plan to the individual client's needs and desires is a central feature of the WIN program. Yet, in our three cities, the orientation of the client is either idiosyncratically handled by one team member or farmed out to a group outside the team (Chapter 2). This recommendation is based on the assumption that the client's direct and clear knowledge of the program as it applies to him is vital to his intelligent participation and decision-making. This includes : 1) his awareness of who is available to him for what kind of services; 2) the pathways and possibilities that are expected and available for him; and 3) an interpretation of his assets and liabilities offered by others. Just as he needs clear knowledge of the program, those who will work with him need to understand who he is and what factors affect his probable employment and his

participation in the program.

Perhaps one member could be assigned the responsibility of the coordination of a program for orientation for persons newly assigned to the team. Other members would participate in several sessions explaining their roles and discussing with the group questions and concerns centered about their special contributions. The team orientations used early in the Detroit program included a great deal of client participation, e.g., role playing, site visitation and individual testing and interviews. Certainly the services of the recommended assessment unit (Recommendation 18) would be used during the orientation period.

If smaller teams are utilized, the main burden for this orientation would fall on the assessment unit. A key factor, nevertheless, would be the active participation of team members with their own enrollees. If there was need evidenced during this time for further assessment by the program and the enrollee, provision would easily be made for the use of the Work Samples program or work experience components. The stress of this recommendation is on tailoring the services to client need and on socializing the client to the program. In this light, the process begun in orientation should be continued whenever there is a break in the employability program. Typically, during these breaks the client is placed in a non-active status of holding, even if she receives payments. Holding could be used as a time for introducing the next component with site visits and purchasing texts and equipment. Beyond this, there could be direct gathering of feedback from clients about the completed components as well as a review of progress and a reassessment of the appropriateness of the employability plan. Holding, used in this fashion, provides for greater direct communication between the client and program rather than a lapse in this communication, as is frequently the case.

8. The amount of time enrollees spend in inactive statuses (waiting, holding, etc.) should be considerably reduced.

Too many enrollees spend too much time waiting for the next thing, or just something, to happen in the WIN program, as findings in Chapter 6 and the Appendix attest. Clients whose program careers were subject to interruptions and delays were likely to have a negative attitude toward the program. Inactivity could also be expected to have depressive effects on the clients' motivation and to generate needless anxiety and frustration.

National WIN statistics indicate that female enrollees who dropped out from WIN spent less time on the average in the program (31 weeks) than did those who were placed (44 weeks). But drop-outs spent twice as many weeks in holding (16 weeks, average) as did those who were placed (8 weeks).[1] Whatever the cause and effect relationship, holding time and failure in WIN are clearly associated with each other.

Intake to WIN should be controlled to avoid overloading capabilities of personnel and program components. WIN is not like a medical facility which must respond to unpredictable and urgent requests for service. It creates its own intake and, hence, should be able to control it.

9. The current system of incentive payments for program participation does not appear to be affecting client decision making in the manner intended: a critical review of the system should be undertaken.

A major objective of the WIN monetary incentive system is to stimulate and reenforce the enrollee's motivation to participate in the program. It was clear that this objective was not being achieved with the enrollees in our sample. The incentive payment did not appear to be an important factor in either attracting women to WIN or keeping them there. Moreover, the mothers

1. Analytic Systems Incorporated, Analysis of WIN Program Termination Data (Fiscal Year 1970). Report prepared for the Office of Policy, Evaluation and Research, Manpower Administration, U.S. Department of Labor, May 1971.

in our sample reported a variety of problems in getting the incentive payment on schedule; in obtaining the money due them, and so on. In general the women were more critical of the incentive system than of any other single feature of the WIN program (Chapter 6).

While our data do not provide a basis for making specific recommendations for changes in the incentive system, it seems reasonable to infer from the mothers' reactions that the amount of the payment was not sufficiently large to make the incentive an important factor. One must keep in mind that participation in the program entails uncompensated monetary costs to the mother, and that the cash value of the incentive has been reduced by inflation. Increasing the amount of the payment (with provisions for cost-of-living adjustments) would be one way of making the incentive work in the way it is supposed to.

10. <u>In their decision-making about the types of jobs toward which placement efforts will be directed, program planners should give weight to the AFDC mother's reluctance to accept low-paying, unskilled positions</u>.

This recommendation is based on findings (Chapter 6) which indicate that the overwhelming majority of AFDC mothers express dislike for such jobs. It is also supported by data which suggest that WIN personnel regard jobs of this kind as unsuitable for clients (Chapter 8). The mutual reinforcement of client and staff attitudes would present a formidable, if not insuperable, obstacle to any effort to move large numbers of women into available jobs as domestics, waitresses and the like. Even if clients were so placed, there is no assurance they would remain on such jobs. We should remember that most of the women in our sample worked at low-level jobs <u>before</u> they went on AFDC (Chapter 6). This recommendation is directed not so much at WIN as at planners of the projected work-training component in the welfare reform program under consideration in Congress (HR-1). As it is being planned, the work-training component

in this proposed program would place more emphasis upon rapid placement (into presumably low skilled jobs), less emphasis on job training.

11. Enrollees should be given the opportunity to record their job preferences at point of entry into the program.

Data from a matched sample of team members and enrollees (Chapter 7) suggested that while team members tended to recommend training for jobs they thought their clients wanted, they often were in error as to the specific kind of job the client actually desired. This problem might be solved if enrollees, with the help of team members, could record their job preferences on a form when they entered the program. They should also be able to change their preferences as they move along in the program.

Child Care Provisions

12. Develop child care services designed to facilitate and improve the quality of informal care of children (i.e., care in their own homes and in the homes of relatives and neighbors).

Our findings (Chapter 6) indicate that the majority of mothers in our sample both use and prefer informal, in-home arrangements. Their major reason for dissatisfaction with child care, when dissatisfaction exists, is the inconvenience of the arrangement--presumably out-of-home care. The concession made to convenience in all too many cases is having the children come home alone after school and stay by themselves until the mother returns.

Methods need to be devised to help mothers find and utilize suitable caretakers. This includes providing adequate child care payments, developing and training pools of caretakers, and matchmaking or broker services to put mothers in contact with qualified caretakers.

13. Develop comprehensive, educationally-oriented centers designed to meet, in so far as possible, the child care needs of the whole family.

Such developmental child care centers should include not only programs for preschool age children but also after school and summer programs for older

children. Features such as flexible and extended hours, the provision of two or even three hot meals, the development and maintenance of a roster of home care aides in case of illness and emergencies should be included if maximum utilization is to be obtained. The inconvenience inherent in the use of traditional day care centers would diminish if the need for multiple arrangements per child or per family is eliminated. The average mother in our sample had to make child care arrangements for two children although a few mothers had as many as six and seven children to plan for. A fourth of the mothers had both preschool and school age children (Chapter 6).

14. Offer planned educational counseling to mothers regarding child care considerations initially and throughout the program as necessary.

While we hold that mothers should have maximum autonomy in deciding about the care of their children, we believe and our data (Chapter 6) indicate that the need exists for these educational inputs from the work training program regarding quality child care. Mothers need to be apprised of the available child care alternatives and encouraged to consider carefully their plans from the standpoint of the individual children's needs as well as from needs of the entire family.

After plans have been made and approved, program supports should be forthcoming to help mothers maintain these arrangements. For example, procedures involved in paying for child care should be improved in order to avoid delays and irregularities in payments. Payment schedules should be reviewed with an eye to allowing maximum payments to encourage better quality care. (See pp.143-44 for data on arrangements terminated because of temporary inactivity in WIN and pp.146-47,153for data regarding problems with child care payments.)

The WIN Team

15. Team patterns should be reorganized: a) for greater decentralization; and b) for greater awareness of client activity.

a. Decentralization. At the time of our interviewing, the teams were all located at a central office. Clients might take as long as two hours to reach this office for a 30-minute appointment. Offices should be located regionally in the city. This would make it possible to have field visits to client homes more easily accomplished, and promote closer ties to the services and opportunities within the client's community. Such decentralization would also coincide with the use of team caseworkers whose caseloads are traditionally assigned on a geographic basis. In Detroit where there have been two such regional mini-offices established, the records indicate an increase in productivity, and workers report an improvement in morale. (Source: Chapter 2.)

b. Awareness of Client Activity. Under the original program design a five man team was to have responsibility for 200 enrollees. In the three programs studied, the team caseload often exceeded this number. Moreover, certain team members, such as the Counselor tended to bear a disproportionate share of the responsibility. In fact, some team members were responsible for between 100 and 200 people. In such a situation attention is given to clients who demand services and to problem clients, but many others may go unnoticed with little or no team contact.

This might be remedied in several ways, but two will be suggested. The first calls for an expansion of the team to include a caseload manager (as is already done in Chicago) who would have little or no direct contact with clients but would keep an overall view of the caseload so that clients would not get lost. Attendance records, days in holding and general progress would be monitored regularly by such a person. In addition, each team would have

its own clerk-typist (true in Chicago, but not in Cleveland or Detroit) so that records could be kept continuously and accurately. This arrangement would provide an intermediate source of supervision and record-keeping, thus furthering the decentralization recommended above.

An alternative to this suggestion would be to use three-man teams, each responsible for 100 to 125 clients. The roles of Counselor and Work Training Specialist could be combined. The Coach and Manpower Specialist would be the other two members of the team. The overlap between team specialists described in Chapter 8 would make a smaller team more appropriate. With a smaller team, clients would be less likely to get lost. Each pair of teams would have a supervisor-caseload manager and a clerk-typist for reasons mentioned above.

16. There should be greater flexibility in team design to fit local needs. For example, a set of alternative team models could be developed at the national level; local programs could then select the model that best fits their needs.

Our findings (Chapters 2 and 8) suggest that the organizational functioning of WIN teams varied considerably according to city. In fact, the city in which the team was located proved to be more important in explaining team operations than any other factor that could be identified.

It is perhaps unrealistic to expect that a single team model could satisfy the diverse requirements of all local situations. On the other hand, the present pattern of ad hoc improvisations is not the most efficient way to modify the team approach to meet local needs. Alternative models for team organization which could be applied in a flexible manner, might provide a feasible way of structuring team operations in the program as a whole.

17. Each group of team members (Counselors, Coaches, etc.) should have its own staff development program to refine specialized knowledge and skills and to promote a sense of identification with its own discipline.

Findings presented in Chapter 8 revealed that different team members

performed rather similar functions. The original conception of the WIN team called for different specialists, each contributing his own expertness to the team's overall goal of moving enrollees toward employment. In the programs studied, the teams were functioning more as work groups of individuals who appeared to be contributing similar kinds of inputs. If we assume that the original team concept has validity, then a way must be found to help each team member develop his own area of expertness. This could be accomplished by setting up continuing staff development programs for each specialization. These programs would emphasize the distinctive inputs of each specialist. Meetings of team members with their own kind would also help develop an identification with a discipline, which would enable each team member to make a unique rather than repetitive contribution to the team's operation.

18. <u>The position of the Coach needs to be reevaluated in the light of enrollee perceptions of his role and utility</u>.

According to the original design of the WIN team, the Coach was to help the enrollee with personal and other problems that might interfere with his success in the program. Because of his similar background or identification, it was expected that he would be able to develop a special kind of rapport with the enrollee.

However only a minority (35 percent) of the enrollees in our sample reported any contact at all with the Coach and there was no evidence that he was perceived as being exceptionally helpful (Chapter 6). On the basis of data obtained from the Coaches themselves (Chapter 8) it seems likely that they tended to carry out activities similar to those performed by other team members, rather than being used in the manner intended. Quite possibly they functioned and were perceived by clients as a "junior" Counselor or the "Counselor's assistant."

If the position of Coach, as originally conceived has validity (and we

think it does) then an effort should be made to use the Coach in the manner intended. As part of this effort, the enrollee should be given a better understanding of the purposes and functions of the Coach and his efforts should be more concentrated on helping clients with the kinds of problems--particularly child care and health--that prevent them from participating in the programs.

19. In decisions about whether to retain or eliminate the team approach in WIN, weight should be given to the positive effects team organization may have on staff morale.

This recommendation is not an endorsement of the team approach as such but rather suggests that certain benefits of the approach should be taken into account in developing new patterns of work organization in WIN or its successor. As our data (Chapter 8) indicate, morale within the WIN teams was high, despite the many difficulties the team members were encountering in carrying out their jobs. The team structure apparently provides WIN workers with a source of mutual support and has value for that reason, even though that value, in itself, would not provide a sufficient rationale for continuance of the team approach.

Administrative Structure

20. Each large office should have specialized facilitative services including: a) a statistics unit; b) a contract unit; and c) an assessment unit.

Operations as large as the ones investigated require continuous awareness of client activity and expenditures and a sophisticated method for evaluation of both clients and programming. From our overall analysis of the program (Chapter 2) we concluded that the following units should be created.

a. Statistics Unit. It is necessary to have a continuous flow of systematic intelligence on the patterns of client participation in programs involving thousands of people and millions of dollars annually. The units should have access to computer storage so that the feedback could be fast and convenient. This would allow for a display of the amount of client activity over

time instead of focusing only on the numbers of people in various statuses and could also provide caseload and unit managers with common information for a regular review of the program.

b. Contract Unit. There is a need for regular review and assessment of the various components utilized for education and training. Records kept in a central unit on the average degree of client participation, their reaction to the components, and their completion and placement ratings would systematize the knowledge which now often remains impressionistic. This unit would also provide a locus for regular meetings of the work training specialists to report on field visits and to present possible new sites for consideration. This would be particularly important if the teams were more decentralized.

Accurate records, regularly compiled, would also reduce the number of payments made for non-participating clients and generally allow greater authority over the components because of greater knowledge of their performance and the appropriateness of the demands made of clients in the components.

c. Assessment Unit. This unit would combine several of the services offerred by the Work Samples Unit in Detroit, the Orientation and Assessment Team in Cleveland, and the testing group in Chicago. It should allow for complete diagnostic services to clients extending beyond simple testing with the GATB or IQ tests. As with the intake procedures, switching clients around at a later date could be avoided if care is taken to understand clients' wishes and aptitudes in the construction of employability plans.

This recommendation places the initial assessment of the client within the organization itself. It will be of greatest service if it is integrally linked to the orientation of the client, which was dealt with in a prior recommendation.

21. The WIN Program should be under the jurisdiction of a single agency.

The dual authority system was in part devised with the understanding that the two agencies would each use their own expertness to insure that the client got necessary services from the other agency. In the settings we have examined (Chapter 2) separate agency interests were likely to take precedence over both client and program interests. Each in turn tended to blame the other agency for failure to perform adequately. In this situation, what we have called the focal organization--the Employment Service WIN unit--is expected to coordinate all client activites. In a complex system such as WIN, this coordination is at best difficult. Where the ambiguity is as great as it is, the task is made even more difficult. If the WIN unit is given authority over the entire program, it would have the authority to move quickly to obtain legitimate client services (as is partially established in Chicago), single bi-monthly work expense and incentive payments (as in Detroit), and to provide better control over intake.

Chapter 2

The WIN Programs in Three Cities

Within the past decade, the dramatic increase in the number of welfare recipients has brought urgent demands for improved alternatives to the welfare program. A reduction in the cost of welfare and a decrease in the number of people on the "dole" are primary goals. One alternative aimed at these goals is to put dependent people to work, not in the public sector at the expense of tax revenues, but rather in the private labor market. The Work Incentive Program (WIN) is the latest in a series of attempts to employ this solution.[1]

Two immediate precursors to WIN, found to be insufficiently staffed and funded, also attempted to facilitate the employment of welfare clients. The 1962 amendments to the Social Security Act provided for the Community Work and Training Programs, and the 1964 Economic Opportunity Act produced the Work Experience and Training Program. These operations were designed to work with the education and training of welfare recipients and were under the auspices of the Department of Health, Education, and Welfare. These programs seemed to move in the right direction and the Social Security Act Amendments of 1967 provided, in the WIN Program, means for expanding them.

The Work Incentive Program was initiated by Congress under Part C, Title IV, of the 1967 amendment to the Social Security Act. The primary purpose of these amendments was to facilitate the entry of recipients of Aid to Families with Dependent Children (AFDC) into jobs that paid a living wage.

Three types of programming were established: 1) for clients who were

1. William Ryan, Blaming the Victim (New York: Pantheon, 1970); Francis F. Piven and Richard Cloward, Regulating the Poor: The Functions of Public Welfare (New York: Pantheon, 1971); Eunice O. Shatz and Sheldon S. Steinberg, "The WIN Program--An Appraisal." Paper presented at the 98th Annual Forum, National Conference on Social Welfare, May 17, 1971, at Dallas, Texas.

"job ready" the program offered placement and follow-up services; 2) for those who needed rehabilitation a range of rehabilitative and supportive services were to be offered--services that included job training, education, child care monetary incentives, and personal services; and 3) for those clients deemed unable to participate in the competitive labor market, there was to be employment in special work projects subsidized by AFDC grants.

The program uses the services of both the Department of Labor and the Department of Health, Education, and Welfare. On the state level, this has meant the Employment Service and Welfare Department. The clients are selected from the AFDC caseloads by their welfare caseworkers. Once enrolled in the program, the Welfare Department provides the client with child care, work and training expense money, medical services, and personal services. The Employment Service provides the diagnostic services, job counseling, training, education, $30 incentive payment, and placement services. These services were to be delivered primarily through a WIN team of specialists who continued to work with the client through the training and for 90 days beyond employment.

The WIN Program is a comprehensive manpower program, both in provisions and scope. By the beginning of 1971, 220,000 people had been enrolled in the program, and the latest figures show 100,000 currently enrolled. The program is operational in 49 of the states and in all of the country's major cities.

As was indicated in the first chapter, the purpose of this paper is to report a study of decision-making in the WIN Programs of three cities--Chicago, Cleveland and Detroit. The main body of this report describes how the points of view and some of the interactions of three sets of actors--welfare caseworkers, WIN clients and WIN team members--affect their decision-making. Two important sets of factors constrain these local personnel in the WIN Program: 1) the set of mandates handed down by the Federal government; and 2)

the organizational structures erected within each local WIN system. In this chapter we will look at some of the ways in which these two sets of factors affect the decision-making process. In the process we will present an overview of the WIN program and its operation in the three cities, in order to provide the necessary background for the formal study of decision-making to be presented in subsequent chapters.

We will begin by examining some general guidelines issued by the Federal government to the state and local programs. These guidelines are put into operation in cities which have particular characteristics of their own. These characterisitcs include not only the number of clients and the employment situation, but also the history of parallel manpower programs and the ways in which the labor and welfare organizations work and interact. Operationalizing the Federal mandate in the local situation presents a series of problems. The way these problems are resolved sets most of the organizational patterns for the WIN system. These patterns, in turn, put powerful constraints on the options that individual decision makers can exercise.

Decisions at the Federal Level

WIN, first and foremost, is a child of the Federal government. The Social Security Amendments of 1967 created the program, and subsequent Federal documents have spelled out the implementation of these laws. The laws and their explication included choices between alternatives which have set the framework for decisions in the program. Five of these choices, with their implications for the program, will be examined. The five decisions are: 1) the use of two separate agencies; 2) a mandatory system of referral priorities; 3) the use of personal re-socialization rather than the creation of jobs; 4) the team concept; and 5) reliance on existing organizations for training.

1) The Use of Two Separate Agencies.

An early version of the legislation lodged the program in the Department of Health, Education, and Welfare. The final version gave welfare responsibility only for the initial selection and referral of recipients and for continued services to clients. All education, training and employment responsibilities went to the Department of Labor (the Employment Service at the state level). These separate but "cooperative" roles created serious questions about who was to have authority when the two agencies were at odds with one another. The grievance procedure was spelled out in great detail, but not the day-to-day patterns of communication. Procedural forms were generated, but no way for the one agency to compel the other agency to perform its duties for the clients. This necessitated negotiation between the two agencies over the manner of their cooperation. As we will see, this was not resolved in a uniform way across the cities in our study.

2) Mandatory System of Referrals.

The legislation set up a system of referral priorities as well as a list of non-referrable clients. There are seven priorities for eligibility: (1) AFDC-U fathers in other work programs; (2) all other AFDC unemployable fathers; (3) AFDC mothers and other family members in community work and training or Title V Work Experience and Training Programs; (4) youth 16 years or older not in school; (5) volunteer mothers without preschool children; (6) volunteer mothers with preschool children; and (7) all other AFDC recipients determined by welfare to be eligible including non-volunteers.[2]

Categories (1) and (3) were important in the early stages of the program. Since the Work Experience Program (WEP) was to be replaced by WIN, WEP could not continue to be a source of referrals. On the other hand, these two

2. Bureau of Work and Training Programs. Work Incentive Program Handbook. Chapter 9, Section 4, Par. 406, (Washington, D.C.: United States Department of Labor, 1968).

categories did present some WIN programs with ready-made caseloads, though not caseloads of their own choosing. The other priorities show the bias that mothers, especially of young children, belong in the home and fathers and teenage children should be working. The most interesting category is the last, "non-volunteer mothers." This group has caused a great deal of controversy with welfare rights groups because it defines WIN as a forced work program. In practice, in our three cities, few "non-volunteers" have been called. More to the point is that this priority system assumes that volunteers really are people who are motivated to work and are distinct from non-volunteers, and that it precludes the use of other systems of priority which might be used, such as the client's degree of motivation or attributes appropriate to the services available in the program. As we will see, the use of these categories varies in our three cities.

The priority system did not answer the question of what to do when there were not enough clients to fill the number of slots assigned to specific cities. Nor was there any suggestion of ways to reorder priorities when there were too many clients referred for the number of slots available. Finally, it left the difficult issue of what happens when one agency saw the client as a volunteer and the other did not.

3) The Rehabilitative Model.

"The intent of the Social Security Amendments of 1967 is to rehabilitate welfare recipients through gainful employment."[3] The enabling legislation offers three tracks or phases for clients: (1) regular job-finding services for those ready to enter the competitive labor market; (2) training, education and job experience for those with few or unwanted job skills; and (3) publicly subsidized employment for those who are not capable of regular

3. WIN Handbook, Chapter 9, Section 4, Par. 110.0, General Statement.

employment even with training and rehabilitative services.

Phase (3) has seldom been funded in any but token amounts, and at the time of our data gathering (1970), it was not funded at all in the three cities of our study. The apparatus of the WIN system is designed primarily for working with people to reorient and train them for semi-skilled, skilled and low-level professional jobs. Given the current labor market, the people who are job-ready constitute a very small proportion of those who are enrolled in WIN, usually AFDC-U fathers, since most of the jobs available to women without training have an unacceptably low level of wages.

Locating the problem in individuals who need rehabilitating instead of in our social patterns has been debated in detail elsewhere.[4] For our purposes, the impact on decision making is twofold. First, there is a tendency to try to make the client fit the regular worker mold and not to innovate greatly in job development. Second, it implies that the screening for the program should not differentiate between those who are more and less ready for training and education, since all can be rehabilitated in some way.

Since in the selection process the program offers the promise of rehabilitation, the WIN personnel must reckon with clients not suited to regular training or education. This creates a problem, particularly if welfare personnel sees any attempt to screen out clients as "creaming" or failing to work with "hard core" clients.

4) The Team Concept.

The WIN Handbook offers a summary of the basis and composition of WIN teams:

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4. For example: William Ryan, Blaming the Victim (New York: Pantheon, 1970); A. James Heins, "The Negative Income Tax, Head Grants and Public Employment: A Welfare Analysis," Journal of Human Resources 5(Summer 1970):298-303; Robert J. Lampman, "Approaches to the Reduction of Poverty," American Economic Review (May 1965).

"1. The Team Concept. It is felt that, where possible, the first-level staff (those who actually deal with enrollees) should be organized into 'teams.' The team would be a small group, stationed at the local sponsor, which is assigned a limited but flexible caseload. It would provide the enrollee the necessary services to help him move from orientation, through necessary training or work experience, and to the ultimate goal--job placement.

2. Staffing Pattern for the Team. The team will usually consist of:

1 counselor
1 manpower specialist
1 work and training specialist
1 coach
1 clerk-stenographer."[5]

The team concept utilizes several practitioners, each offering discrete as well as overlapping services to a group of clients who are their special responsibility. Although there are guidelines for each position, no specific lines of authority were established for the team. This allows clients to occasionally become the responsibility of no one. The decision to use a team also precludes the use of single professionals working with smaller numbers of clients. Lastly, there is the unanswered question of whether or not the welfare caseworker should be a member of the team.

5) Use of Existing Training Programs.

The program allows for the possibility of creating new training programs but suggests that existing programs be utilized whenever possible. In the major cities this is tantamount to saying that existing programs for training and education should be utilized since there is a wide variety of such programs available. Education and training, which are major activities of the program, are therefore placed in the hands of agencies outside WIN. This creates problems of monitoring clients, assessing programs and negotiating program innovations.

These five decisions by the Congress and the Department of Labor are not merely suggestions. The program is mandatory in all the states and has 80

5. WIN Handbook, Chapter 9, Section 3, Par. 301(4)E.

percent funding from Federal sources. Compliance within these and other broad outlines is necessary for continued participation in the program.

Once this program gets to the local level, however, a four-way adjustment begins to take place. The guidelines are interpreted by welfare and by the employment service. Each of these agencies must, in turn, take into account the city setting, including the size of the welfare caseload, the occupational structure, the unemployment rates, and the available training programs. From the interplay of 1) guidelines, 2) the welfare agency, 3) the employment service agency, and 4) the community setting, a system is produced which is the actual WIN program in that city. In subsequent pages we will look at the patterns which have emerged in these cities from the interplay of Federal mandates and local conditions.

The Program in Operation

In order to have an overview of the operation of the program and its many parts, it will be instructive to follow a "typical" female client through her career in WIN. Our composite client will be a woman, since 71 percent of the enrollees are female.[6] Her career begins when she is assessed for her appropriateness for WIN by the public welfare caseworker. The caseworker probably talks to her about the referral, although he may simply forward her name to a welfare liaison agency as a "volunteer" to the program. During the talk he asks her about her health and possible child care plans for her children. When the time comes for her to enroll (anywhere from a week to a year later, depending on the city in which she lives), she receives notification from WIN that she should come in for her interview. Usually after receiving a second

6. This percentage appears to be dependent upon labor market conditions. In Chicago and Cleveland, for example, there has been a recent decline in the proportion of women on the program since an increase in local unemployment has brought more men into the program.

letter she goes to the WIN office to be interviewed, probably by the counselor on the team to which she has been assigned. Once she signs her enrollment card she is informed about her next step, which is some form of orientation to WIN, including advice on dressing and work prerequisites. At this point she is administratively placed in a "holding" status for a period of from a week to two months prior to this orientation. She usually does not receive her incentive payments during this time until she is actually in the orientation component. Prior to, or during orientation, she is counselled at the WIN office concerning her vocational goals and the requirements for meeting these goals. Typically her first step includes some form of remedial education, usually preparation for the General Education Diploma (GED) that will certify her as having the equivalent of a high school diploma. She enters this program after a relatively short wait of a week to three months in holding. The employability plan has been worked out so that after receiving her diploma, she will eventually (about two months later) enter some specific form of job training in an institutional setting such as a secretarial school or a practical nursing program.

When she finishes her training, she is placed in another purely administrative component called "job-entry holding," and then she may or may not be placed in a job. She is somewhat more likely to get the job on her own. Once employed, she is checked at least twice in the six months following her employment. The contact is more frequent if she expresses difficulty in her work and asks for help.

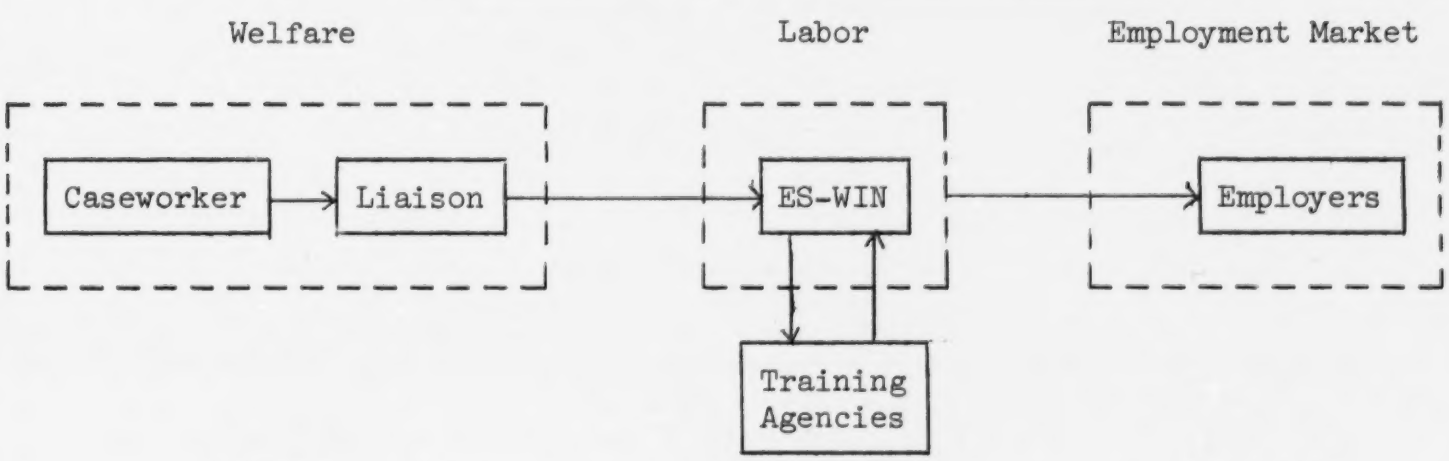
This is the typical client who goes through the various phases of the program. Most clients in this relatively young program have left before completing the career just outlined. (In fiscal 1970, 82 percent of the terminations of female clients were for reasons other than placement.)[7] Furthermore,

7. Analytic Systems Incorporated, Analysis of WIN Program Termination Data (Fiscal Year 1970). Report prepared for the Office of Policy, Evaluation and Research, Manpower Administration, U.S. Department of Labor, May 1971, p. 21.

the average female client who terminated by 1970 had remained in the program for about eight months, whereas the program outline for the client we have described above would require at least a year. A diagram of the client movement in the program is included below (Figure 1).

FIGURE 1

Client Movement in Organizations in the WIN Program



As the diagram makes clear, the WIN system is not a single organization but a network of organizations. The focal organization is the Employment Service-WIN Unit (ES-WIN). An allied but smaller organization is the liaison unit of welfare. These two units have the continuing responsibility for the program's success. They, in turn, must negotiate with other organizations for the accomplishment of the tasks of WIN. The liaison unit collects the potential enrollees, transmits them and facilitates the communication between the teams and the caseworkers. The Employment Service usually does its own orientation and assessment, but typically contracts with outside agencies for education and training.

The liaison unit and WIN unit are also subject to their parent organizations at the city and state levels. This creates some authority problems. The WIN office does not typically have the power to demand that the liaison unit comply with its wishes. When a crisis arises, the two units negotiate

the issue but frequently it has to be taken to the state level for resolution. The whole complex system of organizations is generally "loose" in its authority structure. This means that things are accomplished between organizational parts of the system by mutual exchange rather than hierarchical demand from a central authority structure. This is particularly true of the relationship between the focal organization--the ES-WIN unit--and the other organizations. Nonetheless, this unit is charged with coordinating the complicated WIN system of individuals and organizations.

In order to have dependable and orderly transactions between agencies, a pattern of arrangements must be negotiated. In WIN there is no sure way of knowing what will work because there are no simple measuring rods like profit or cost-benefit ratios which judge the system's efficiency. This makes inter-organizational bargaining difficult when, for instance, the ES-WIN office wants to change the rules about client priorities with the welfare liaison unit but cannot prove the benefit of the requested change. Because of conditions like this, it is not surprising that this complex and loose system has fashioned a different set of organizational patterns in each of our cities.

A. WIN Programs in Detroit, Cleveland and Chicago

As was suggested earlier the WIN program in each city is a product of: 1) the original set of decisions made by the Federal government in creating the program; 2) the welfare system; 3) the employment service; and 4) the community setting. This section will be concerned with the development and operations of WIN systems in the three cities--Detroit, Cleveland and Chicago. Much of the material will be idiosyncratic, though the specific examples usually illustrate general issues. These issues will have broad implications, too, since any program--such as the proposed Family Assistance Program--will

have to come to terms with particular settings and previous patterns of working. The idiosyncrasies are important also because they have consequences which influence the way decisions are made in each of our three cities.

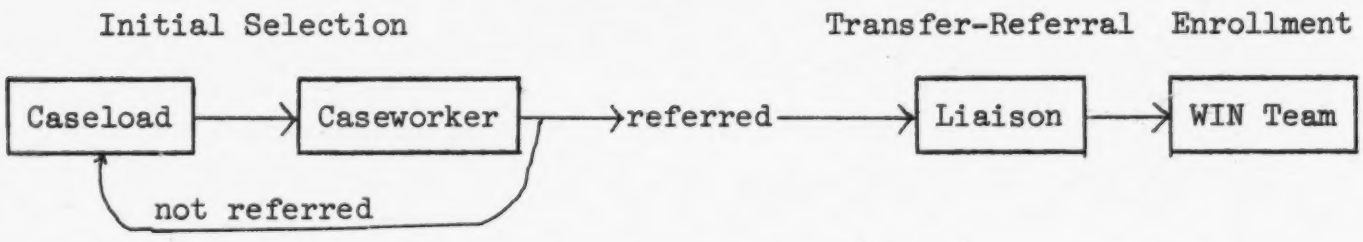
For each program we will examine intake and processing procedures in relation to the local background, particular problems and resolutions. Since we have little data on output, we will omit comment on this aspect.

B. The Intake Process

There are really two tasks during intake. One is to acquire potential candidates for the program; the other is to select from these candidates those who are appropriate. There may not be enough clients for the program or they may be of the wrong type. From our earlier diagram we have the rough diagram of the way intake activity should proceed, illustrated in Figure 2 below:

FIGURE 2

Intake Activity



This simple process becomes much more complicated, however, when we examine its operation in a specific setting.

1. Detroit

Securing enough clients has never been a problem for the Detroit WIN program. Some of the problems have stemmed, in fact, from too many referrals.

The Work Experience Program (WEP) had operated with great success in the Wayne County Department of Social Services (DSS). As will be detailed later, a large proportion of the personnel for the liaison unit and ES-WIN was recruited from WEP. In addition, 859 clients from the program were transferred

to WIN. Many welfare personnel regretted closing down what they considered an effective WEP operation in favor of WIN. At the state level there was a decision in welfare to promote and encourage a large number of referrals to WIN, in part to demonstrate the inadequacy of the number of WIN slots (2,000) available in the face of the need for retraining of AFDC recipients.

The referring caseworkers in Detroit had only AFDC cases. They were to screen all their caseloads and refer those eligible for WIN by July, 1969. A referral priority system had been established from the beginning which followed the Federal guidelines quite closely. After three mandatory categories of males and youth, there were four categories of women who were heads of households. Priority 4 clients were mothers with school-age children who volunteered for the program. Priority 5 included volunteers with preschool children, and Priorities 6 and 7 were non-volunteers with school-age and preschool children, respectively.

In the face of a massive number of referrals (5,200 by July, 1969), the decision was made to let clients into the program on a first-come-first-served basis according to their referral dates. With the exception of clerical errors, only persons in the first four priorities have gained entry into the program.

One consequence of this method of metering entrants to the program is to skew the age distribution of the population. As would be expected, mothers of older children are older. This is reflected in our samples where the average age of mothers in Detroit is greater than in Chicago or Cleveland. The older age of the clients in Detroit also has an impact on decisions about the types of training appropriate for older women and on the nature of child care problems.

Of much greater impact, however, is the long waiting period between

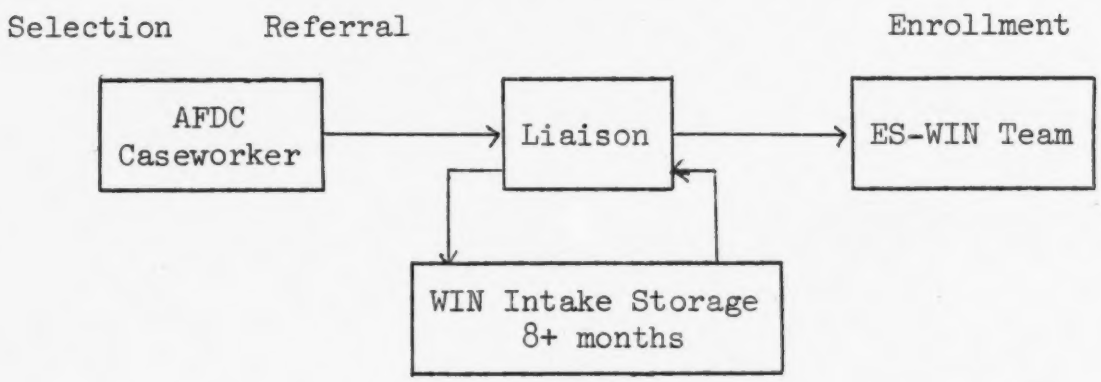
referral and enrollment due to the large number of referrals and the metering process. During the life of the program, this period has varied from three months to over a year. It is currently about 13 months. Attrition is high; only 45 percent of the clients in the Detroit sample of referrals ever enrolled in WIN. This contrasts with 83 percent in Chicago and 89 percent in Cleveland. The clients not only chose alternatives such as work, babies and marriage, but many of them almost completely forgot about the program and many child care arrangements contemplated originally became impossible.

The long delay undoubtedly affected a 60 percent "do not respond" (DNR) rate when clients were called into ES-WIN. Because of the low response, arrangements were made with the welfare liaison unit for a pre-WIN orientation to bring clients in and ascertain their current conditions as well as to explain the program. The WIN intake unit would send a list of 100 clients who were soon to be called in for referral. The liaison unit attempted to bring the clients in for pre-enrollment orientation. At this point, many clients did not respond (30 to 40 percent); others' situations had changed; in some instances, the mothers refused to participate and were put into Priority 6. Once a person is enrolled, removing him by changing his status to a non-volunteer is resisted by welfare. The liaison unit has also effectively fought any attempts to "cream" (selecting only the most suitable clients) since they maintain that WIN is a rehabilitation program and should be able to handle any client sent to it. The only excuse for non-participation acceptable to DSS-liaison in the weekly case reviews has been medical problems.

Once the client had a pre-WIN conference, she was given a date for an enrollment interview by the intake unit. The system of intake in Detroit has the pattern shown in Figure 3.

FIGURE 3

Intake Process in Detroit



Because of the overload of referrals and the use of a first-come-first-served basis for enrollment, mothers with preschool children, volunteer or not, haven't been enrolled in the program. There is some question about non-volunteers in the program, but the pre-WIN orientation does filter out most of them.

FIGURE 4

Original Federal Referral Categories Used in Detroit

	Category	Use
1.	AFDC-U other programs	Yes
2.	Other AFDC-U	Yes
3.	WEP mothers	Yes
4.	Youth	Yes
5.	Volunteers with school age children	Yes
6.	Volunteers with preschool children	No
7.	Non-volunteers	No

2. Cleveland

In Cleveland there were plenty of initial referrals but too few enrollments. As in Detroit, the referrals in Cleveland are sent by caseworkers who work only with AFDC caseloads. During June and July, 1969, the 250 caseworkers working with AFDC mothers were ordered to assess every client aged 16 years or older in order to ascertain their appropriateness for the WIN program. Only

those assessments which were fully completed were designated as appropriate referrals to the program.

Of the 3,105 assessment cards submitted by caseworkers, 2,552 assessments or 82 percent of the total were found to be inappropriate for referral. Only 18 percent of the total were seen as appropriate for immediate referral. In the face of this massive set of errors (or, as it has been termed by Hardcastle and Dubey, this dramatic case of noncompliance to organizational responsibility[8]), it was necessary to devise a strategy for determining the appropriateness of clients.

The Vocational Screening Committee (VSC) was established in January, 1970. Both the Ohio Employment Securities WIN and the Cuyahoga County Welfare Department report that the quality of referrals has improved since the VSC was established. The committee is composed of representatives from the Cleveland Inner-City Project, the Bureau of Vocational Rehabilitation, the Cuyahoga County Welfare Department Liaison Unit and the Ohio Employment Securities WIN Unit. The Cleveland Inner-City Project is essentially medical in nature, and the basic work of the VSC is to clarify the medical appropriateness of the client for the WIN program. This implied that the alternative programs of the Bureau of Vocational Rehabilitation were also potentially available to clients.

With the inauguration of the Vocational Screening Committee, it was decided that intake workers in the Cuyahoga County Welfare Department make referrals directly to the liaison unit for medical screening by the committee

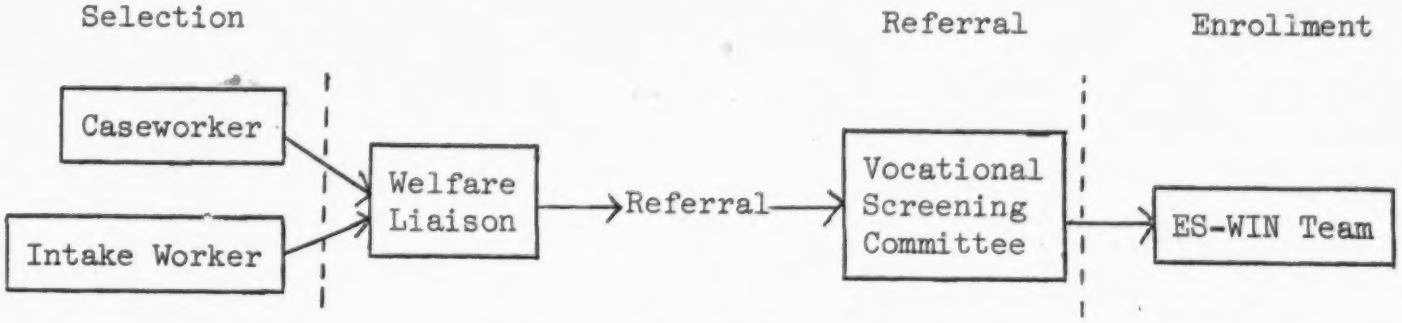
8. Sumati N. Dubey, "Structural Factors in Non-Compliance in Referring Clients to Programs in a Large Public Welfare Agency," in the Preliminary Report on the WIN Research Project, mimeographed, (Cleveland, Ohio: School of Applied Social Sciences, Case Western Reserve University, August, 1970). Dubey and Hardcastle attribute this proportion of inappropriate referrals to non-compliance due to: (1) too large caseloads (average 183 cases); (2) ambiguity of role performance; and (3) unclear lines of authority and communication.

even before the client was placed in a regular AFDC caseload. This meant that clients who had just begun or just returned to AFDC could be placed in the WIN program shortly after admission.

Cleveland, then, offers two major refinements to the intake process as a result of the conditions in that city: (1) the use of intake workers' referrals; and (2) a combined agency screening committee (see Figure 5).

FIGURE 5

Cleveland Intake Process



Because of the initial shortage of clients due to inappropriate referrals, clients from all of the Federal categories were referred to WIN, including those from WEP. Welfare personnel, at least, considered the Work Experience Program to be quite successful and not only clients but also two or three members of the WIN staff were transferred to the program.

There is evidence that some clients were non-volunteers since in our sample several Cleveland caseworkers indicated that they referred their entire caseload, and there was a high volume referred in a short period at the beginning of the program. Therefore, clients came to the program from all seven categories but with few youth (see Figure 6).

FIGURE 6

Orignal Federal Referral Categories Used in Cleveland

Categories	Use
1. AFDC-U other programs	Yes
2. Other AFDC-U	Yes
3. Mothers in WEP	Yes
4. Youth	Almost none
5. Volunteers with school age children	Yes
6. Volunteers with preschool children	Yes
7. Non-volunteers	Yes (entire caseload was referred)

3. Chicago

When the WIN program began in the fall of 1968, its clientele was predominantly male AFDC-U clients who were mandatory referrals. As the allotted places on the teams were filled, there were too few enrollees for the number of places and by early March of 1969, female clients were enrolled. The supply of referrals from the Cook County Department of Public Aid (CCDPA) was only a trickle and did not begin to fill the 2,400 slots that were funded for Chicago.

The reason for the paucity of referrals in the first two years was organizationally easy to trace. Concurrently with the WIN program, the Department of Public Aid was running its own in-house Welfare Rehabilitation Service (WRS). This program had been operating since 1958 and all adult welfare recipients in Cook County were automatically categorized by WRS in terms of employability. One CCDPA official has commented on the Cook County system:

> " The county has always had a very hard line approach towards employability of recipients, including mothers. In the words of one official, 'Mothers receiving ADC are no exception. If a woman is able to work, she must report to the Welfare Rehabilitation Center for screening, training, and if she is able, employment.'"[9]

9. "Compulsory Work for Welfare Recipients Under the Social Security Amendments of 1967," 4 Colum. J. Law & Soc. Prob. 197, 208 (1968).

The competitive program was initially a most successful rival to WIN for several reasons. The Welfare Rehabilitation Service was well known and quite large, having a monthly average of 4,000 participants, with 700 placements monthly. The program also removed 150 cases each month for refusal to accept the employment that was offered. Officials of the program discredited WIN, saying the WIN people did not adequately know the poor.[10] Furthermore, many caseloads were covered by supervisory personnel only (estimates range from 30 to 45 percent), and the referral process to WIN was much more complicated than the more familiar routines of WRS, so it was easier to continue using the established program. Finally, new cases could be referred to WRS before it was legally required that they be referred to WIN.[11] At one point referrals dipped to 25 per week. Since the financial resources for the program are determined by the number of slots, the program was starving for lack of clients.

Two solutions to the problem were attempted. The first amounted to a shift in bookkeeping, and the second moved from a passive to an aggressive means of acquiring clients.

The first means of increasing the WIN caseload was through automatic referrals from welfare's Basic Adult Education centers which are operated by the same department that controls the Welfare Rehabilitation Service--the Department of Education and Training. The Basic Adult Education centers are designed to provide remedial education to public assistance recipients, mostly

10. U.S., Congress, House, Committee on Ways and Means, Work Incentive Program--Survey of Selected Welfare and Employment Service Agencies (January 1970), 91st Cong., 2d sess., 1970, p. 156.

11. William J. Reid et al, "Decision-Making in the WIN Project." In the "Interim Report," to the U.S. Department of Labor. Mimeographed. (Chicago: School of Social Service Administration, The University of Chicago, August 19, 1970.)

women, preparatory to job training or placement. By this means WIN received a substantial number of referrals. However, these were paper referrals only, in most cases. While the recipient was technically referred to WIN, she remained in the education center which became her WIN training site. The main consequences were financial, with WIN assuming the cost for her training and providing her with an incentive payment. This meant that the referring caseworker might not even know his client was in the WIN program. The plan did get people into the program, since in June of 1970 approximately one-third of all the female clients enrolled in WIN were from Basic Adult Education centers.

Toward the end of 1969 a second innovation was initiated, called the Outreach Demonstration Project. A team of WIN personnel and welfare workers were sent to public aid district offices where they did referral work on cases that had been superficially screened by the caseworker. Whenever possible the recipients were <u>enrolled</u> directly by the teams in the welfare office. The demonstration project served to increase the flow of cases to WIN as long as the WIN personnel continued to do the paper work. While they did not succeed in stimulating the public aid staff to make more referrals on their own initiative, they did lay the groundwork for the subsequent institutionalizing of this source of referrals in the summer of 1970. This latter program has proved so successful at acquiring clients in the time since our interviewing that the teams are beyond capacity, and there is now a need for some method of selecting the most appropriate clients from the surfeit of available candidates.

As a consequence of these arrangements, referrals to the WIN program came from three sources: (1) directly from referring caseworkers to the program; (2) from Basic Education centers (not examined for their qualifications for WIN); and (3) from lists supplied by caseworkers of people who were

screened by a special WIN field unit who made selections and enrolled the clients.

The problem of too few referrals also had another consequence for the program. People were taken into the program from six of the categories offered by the government, the exception being transfers from the Work Experience Program. It is safe to say that some of the Basic Education referrals could not be called "volunteers" to WIN since, for the most part, they were unaware of their referrals but were subject to automatic referral. Some officials of CCDPA said that the client's signing the agreement that they were willing to go into vocational training is a condition of receiving aid and, therefore, everyone on AFDC is a "volunteer." In terms of decision-making, some clients have had less opportunity to make decisions about WIN. This is of particular note because in Chapter 5 we are told that caseworkers and team members see client motivation as a critical factor in successful completion of the program.

FIGURE 7

Original Federal Referral Categories Used in Chicago

Categories		Use
1.	AFDC-U other programs	No
2.	Other AFDC-U	Yes
3.	Mothers in WEP	No
4.	Youth	Yes
5.	Volunteers with school age children	Yes
6.	Volunteers with preschool age children	Yes
7.	Non-volunteers	Yes

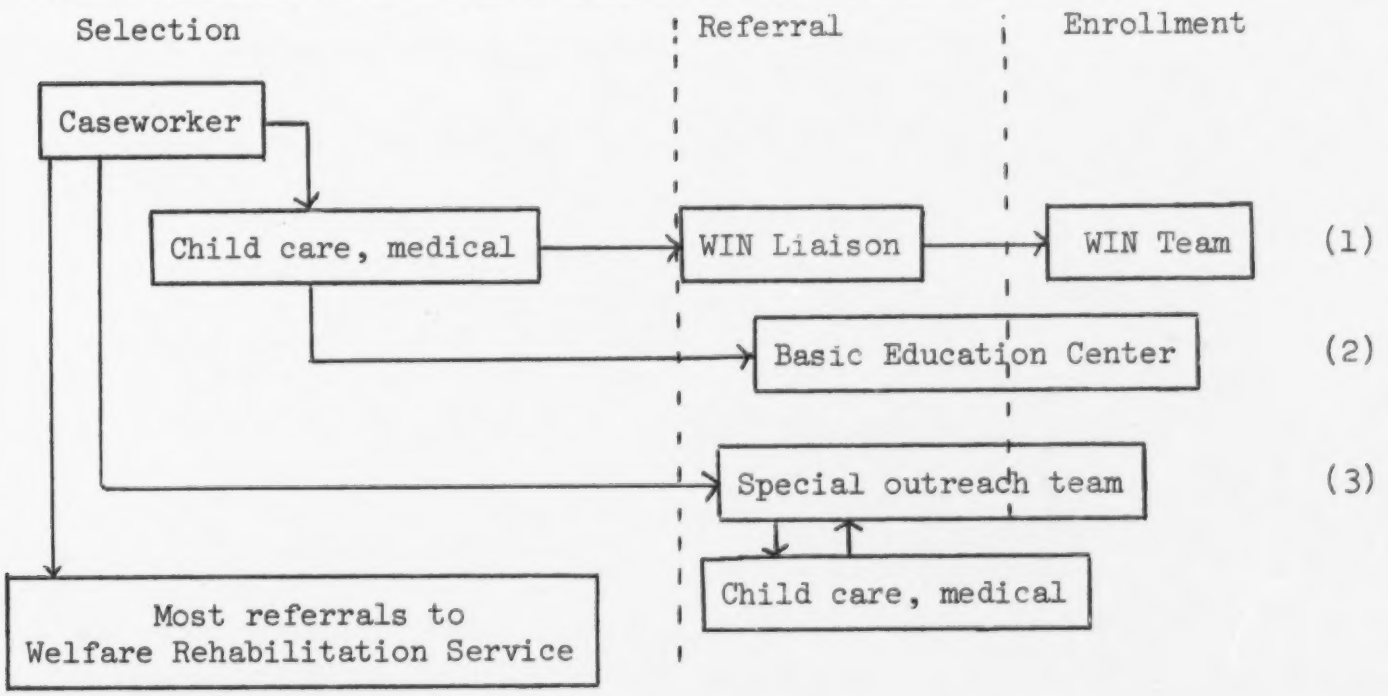
Because of the shortage of clients, mothers with preschool children were enrolled in the program. We discussed some ramifications of this problem when we examined the Detroit intake situation where mothers of preschool children are not enrolled in the program. It may be noted here, however, that of those in our sample who dropped out or were never enrolled in the program, 19 from Chicago cite child care as a reason, as opposed to only three from Detroit and two

from Cleveland. Differential participation in the program according to referral characteristics is discussed subsequently.

To summarize, the Chicago ES-WIN was paired with CCDPA whose alternative program hampered an adequate flow of clients. In seeking to solve the problem, two new procedures, automatic Basic Education referrals and Outreach teams, were instigated which altered our original sample intake design. In Figure 8, the more elaborate form of selection, referral and enrollment in Chicago is presented.

FIGURE 8

The Process of Selection, Referral and Enrollment of WIN Clients in Chicago



C. Client Processing

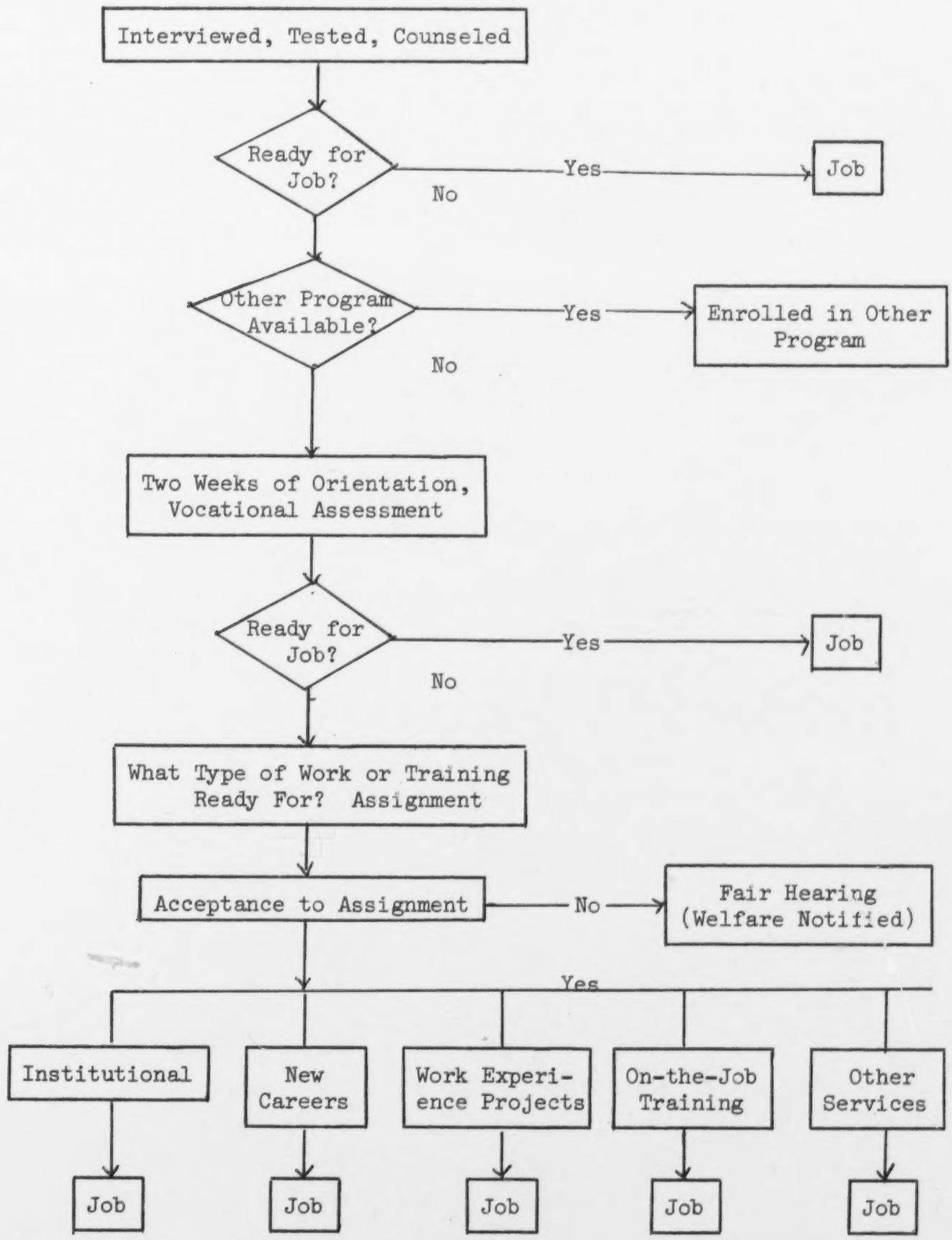
The major tasks of client processing vary a great deal depending on the nature of what is to be accomplished. In WIN there are two tasks of central importance: 1) the coordination of the delivery of services to insure employability; and 2) careful monitoring of the adequacy and appropriateness of these services to each of the clients. It is important that there is orderliness in the processing, but it is also important that there be tailoring of the service delivery to specific client needs and possibilities.

Whereas our initial diagram of intake was quite simple and became complex in the specific setting, the processing diagram will be complex from the beginning.

FIGURE 9

Flow Chart of Work Incentive Program Model

Enrollee Progress from Referral to Job
(Adapted from WIN Handbook, Section 18)



The description of each city follows.

1. Detroit

a. WIN Teams

When the program began in Detroit, supervisory personnel and counselors for 10 teams were transferred from WEP to the WIN program. Most of the remaining WEP personnel moved directly into the liaison unit or into positions of supervision over this unit. In the time since this transfer, none of the main supervisory staff have left their positions, and the antagonism engendered by the loss of the WEP program has remained almost unabated since the inception of the WIN program.

From the beginning of WIN, the special caseworkers used for WEP were retained. The new program remained in the same office space and often team members sat near the caseworkers. Communication among line personnel was reportedly excellent. When the ES-WIN unit moved three floors away the communications remained at a high level for a time, but eventually it was required that teams communicate through the liaison coordinators rather than directly. Thus a direct relationship of teams and caseworkers became a relationship that required communications through formal channels. This procedure was changed after pressure from the WIN manager but, by the time the change occurred, the formal patterns were well established, and line personnel continued to communicate through the liaison coordinators. It was generally acknowledged that there was little communication between team members and WIN welfare personnel, a fact verified by the findings from our study.

As the different members of the ES-WIN staff attempted to work together on teams, the manpower specialists posed some special problems. On the one hand, they were quite aggressive at developing and cultivating educational sites and writing contracts but, on the other hand, they were accused of

obstructing the development of employability plans. Furthermore, since they ranked as equals to the team leaders, they often refused to do what they felt was inappropriate. To meet these problems, in the fall of 1969 the supervisory staff established a plan by which the manpower specialists were placed in two pools, one for each of five teams. They were directly supervised by one of two office supervisors.

The work and training specialists, who were really junior counsellors, were not working as training specialists since this job was being done by the manpower specialists. By late 1968, the junior and senior counselors were evenly dividing the caseloads between themselves and were responsible for most of the service to the clients.

Although practice varied by teams, by the summer of 1969 the coaches' jobs had deteriorated to that of running errands for the team. There were only three clerk-typists for all 10 teams and their supervisors. Detroit's teams could be called "contracted teams," since the teams had contracted to three members in two different positions instead of four members in four positions.

In the winter of 1970 a state review of the WIN program suggested that the manpower specialists be further removed from the teams and placed under a facilitative services supervisor rather than the team supervisor. On the heels of this report, a Federal task force from the region demanded that the full "team concept" be reintroduced in Detroit.

The solution to this impasse was to place the manpower specialists back on the teams; they were to work under the team supervisor for "line matters" and under the facilitative services supervisor for "staff matters." In practice, this meant they were under the team supervisor. The role of work

and training specialists was reactivated so that they began writing the training contracts. This change occurred a month before our team interviewing and the consequences of the previous arrangement are seen in the matched questions where only one manpower specialist knew any of our matched clients.

In summary, during the period of the research investigation, the teams went through a formative period, were reduced in size and finally, by Federal mandate, were reconstituted as full teams.

b. Orientation program

In Detroit the orientation program is contracted out to the Y.M.C.A. It is four weeks long and, while the format has varied during the time the program has been in existence, it usually covers such matters as "The World of Work," grooming, black history, budgeting, physical fitness and elementary mathematics. There have been a number of requests by team members that the program be brought closer to the control of the teams, but apparently it is politic to have the program conducted by a community service organization. An alternative program was utilized by several teams at the beginning of the program. It consisted of small groups of clients all assigned to one team meeting over a several week period and involved not only in discussions of the types of jobs available, but also sharing their concerns about child care and solutions to various kinds of problems arising when women work. One former team leader, now a unit supervisor, knew the whereabouts of every member of two cohorts of her team's orientation program, even though it had been over a year since the orientation took place.

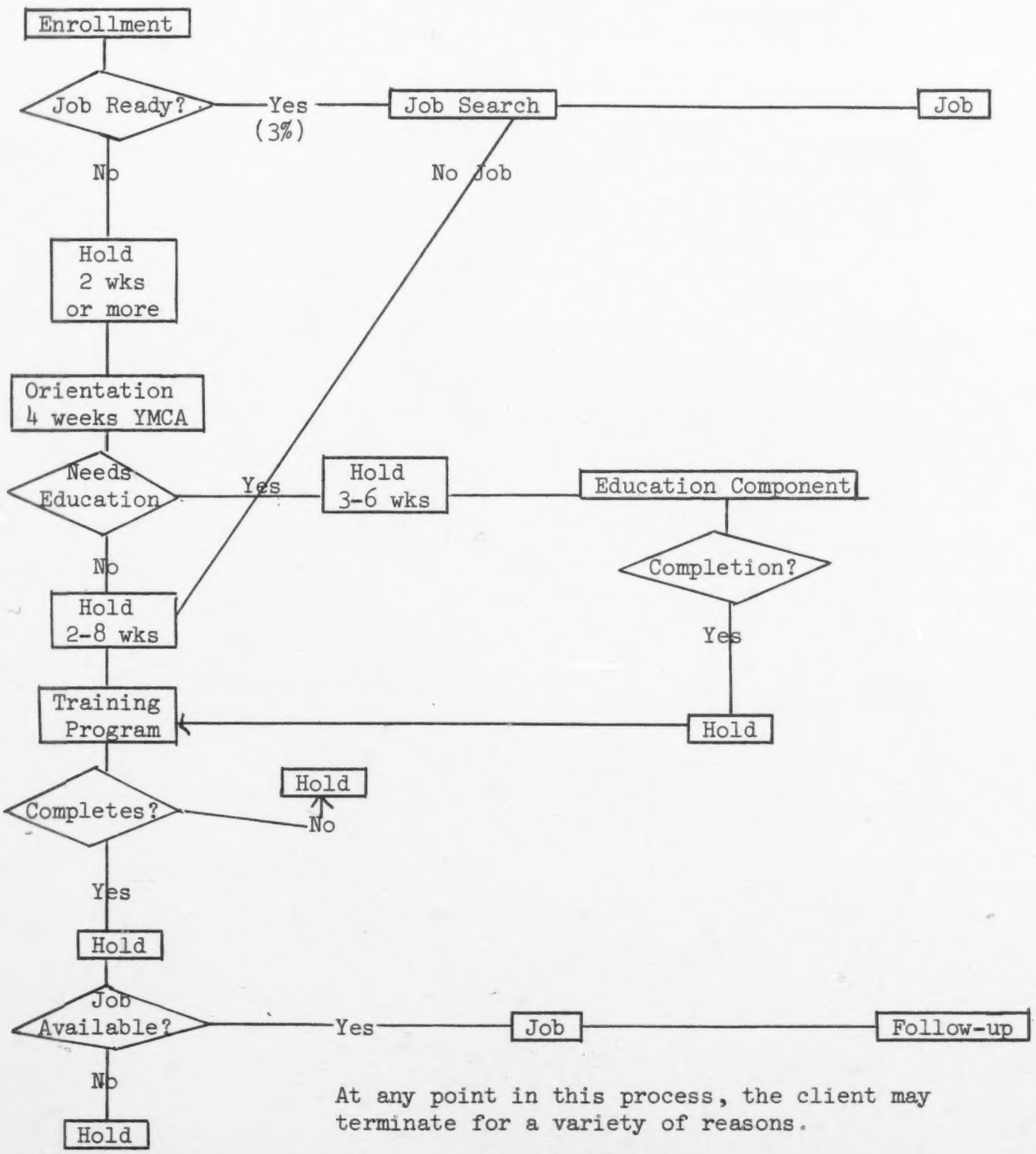
c. Training components

At the time of our interviewing, some 94 components were utilized by the WIN unit. There had been 3,220 individual assignments to these components. Six of the sites accounted for 72 percent (2,315) of the placements. The

components were not continually evaluated by consistent criteria. In Detroit, however, the manpower specialists worked quite directly with individual sites, kept continued relations with the component and conducted on-site visits regularly. Hence they knew the conditions of the sites well and were even able to keep an informal log of the number of placements made.

FIGURE 10

Flow Chart of Enrollee Progress in Detroit



d. Office organization

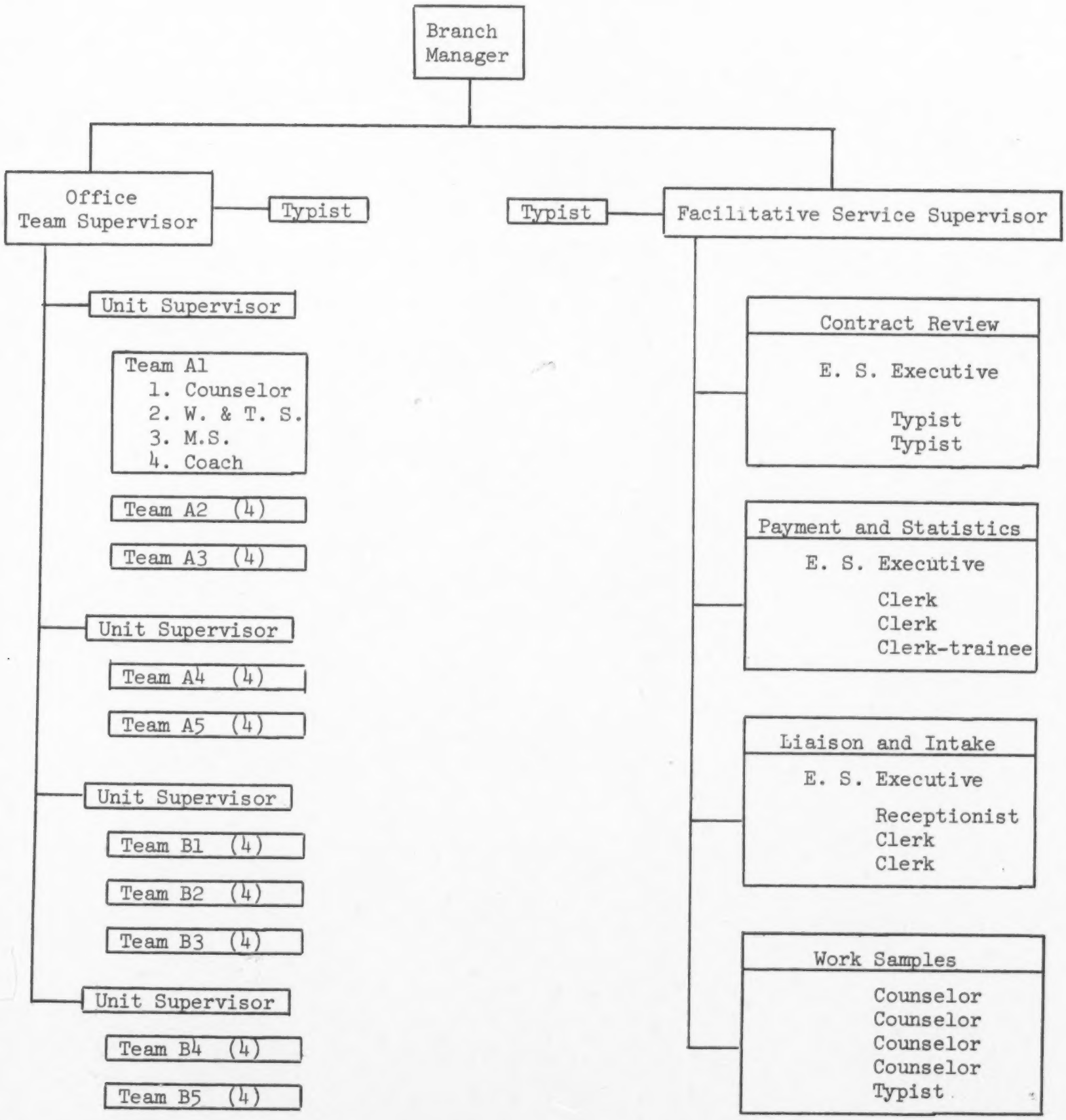
The office organizational chart appears in Figure 11. Several things are of particular interest. The special WIN intake unit manages the fairly elaborate process of referring names back to the liaison unit for call-up and pre-WIN orientation. It also maintains the files for the chronological ordering of the clients. It also keeps a running record of the number of client contacts made in the office by the team members. The statistical unit keeps constant records of the change of status forms and gathers monthly information on the counselors' reports of client interviews. This unit was insisted upon by the office manager since the process of referring material to the state office for compilation involved too great a delay in getting feedback. Only since the time of our interviewing has the office used the statistics at the team level--the number of clients currently in holding, placements, clients in components and drop-outs. The statistics are posted outside the manager's office so that various teams may have an estimate of the way their caseloads compare with others.

The unit supervisors were instituted at the request of the office team supervisors so that there might be more adequate monitoring of the team caseloads. There is one unit supervisor for every two or three teams. The function of this role is to supervise the teams and to keep track of the movement of clients.

Another innovation in the Detroit office noted in Figure 11 is the Work Samples Program. Personnel from the WIN office are directly assigned to this project which provides an opportunity for clients to actually engage in the kinds of activity that are involved in various vocations. It has been under study for some time and the claim is made that clients coming from this

FIGURE 11

Detroit WIN Office Organizational Chart



Work Samples Program have a much higher incidence of completion and a lower incidence of shifting back and forth between various kinds of training programs. These data, however, were not available to us at the time of our interviewing.

Since there are special WIN caseworkers in Detroit, some of the team caseloads were initially assigned by region of the city in order to match up to the regional nature of caseworker caseload assignments. This arrangement demanded some juggling of boundaries since certain areas of the city had much higher incidence of referrals to the program than others. It did provide, however, the convenience of a defined region of the city, particularly for those coaches who were active in the field. It also provided a correspondence between teams and WIN caseworkers. Eventually, however, this patterning broke down and clients were assigned to teams as they enrolled, on the basis of the team's caseload size only. As we conducted our interviewing, plans were being made for the reassignment of two teams to a regional office within the city. Since that time, a total of four teams have been assigned to such offices. It is planned that the new clients assigned to these teams will remain with their old caseworkers since these regional offices are much closer to the district welfare offices.

2. Cleveland

a. Win Teams

We have spoken of the scarcity of clients for filling the quota or "slots" assigned to Cleveland, but a much more pressing problem than lack of clients has been lack of staff. Staff turnover is exceedingly high (110 percent annually by number of persons and approximately 80 percent by position). In addition, recruitment has been difficult, apparently because of non-competitive salaries and office conditions of high surveillance and low autonomy.

This problem led to an unusual solution during the time of our team interviewing. The report books showed seven teams--six regular teams and one orientation and assessment team--no one of which was complete. In fact, there were three task forces which were the effective teams for processing the clients. Assignment of a team member to a task force followed no apparent pattern, so the four task force members might be from four different teams. This accounted for the large caseloads (average 300+), and it may, in large measure, define why the proportion of clients in holding is so much higher for Cleveland than for the other two cities. Having three clerk-typists for the six teams meant that each of the three task forces included a clerk-typist as a fifth member of the team.

b. Orientation program

The Cleveland WIN operation utilized a fourth team exclusively for orientation and assessment. The O & A team was located in a "skills center" building, about three miles from the WIN office, where they conducted an orientation program. This meant that the orientation program was conducted by WIN personnel and was theoretically more accessible to direct control by the unit manager.

Clients, if not job-ready, were expected to spend two weeks in orientation and then return to the team for job placement or enrollment in an education or training program. Because of the overwhelming caseload, people were often still assigned to orientation and assessment months after enrollment.

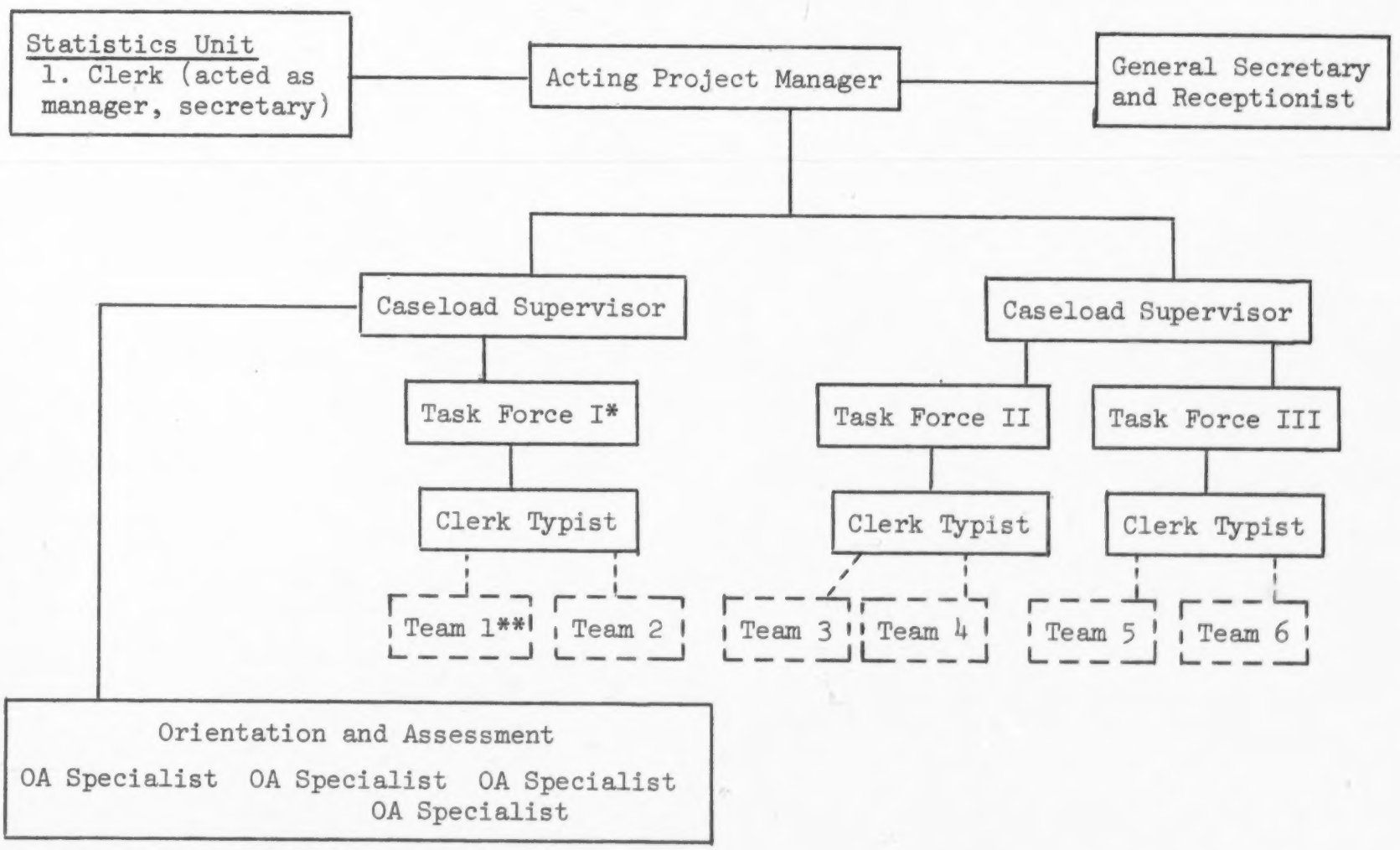
c. Office organization

The liaison unit is located three blocks from the WIN offices. While there has been little mention of hostility toward WIN from the liaison office, there have often been processing delays due to the distance between the two units.

The work of the liaison unit is somewhat simplified in Cleveland because when clients become enrolled, they are assigned to WIN caseworkers. The entire caseload of these workers is composed of families where one member is in the WIN program. For this reason, an enrollee's caseworker is much easier to find than in Chicago. Whether this has resulted in increased services for the client, we do not know.

FIGURE 12

Cleveland WIN Office Organizational Chart



* Actual working units

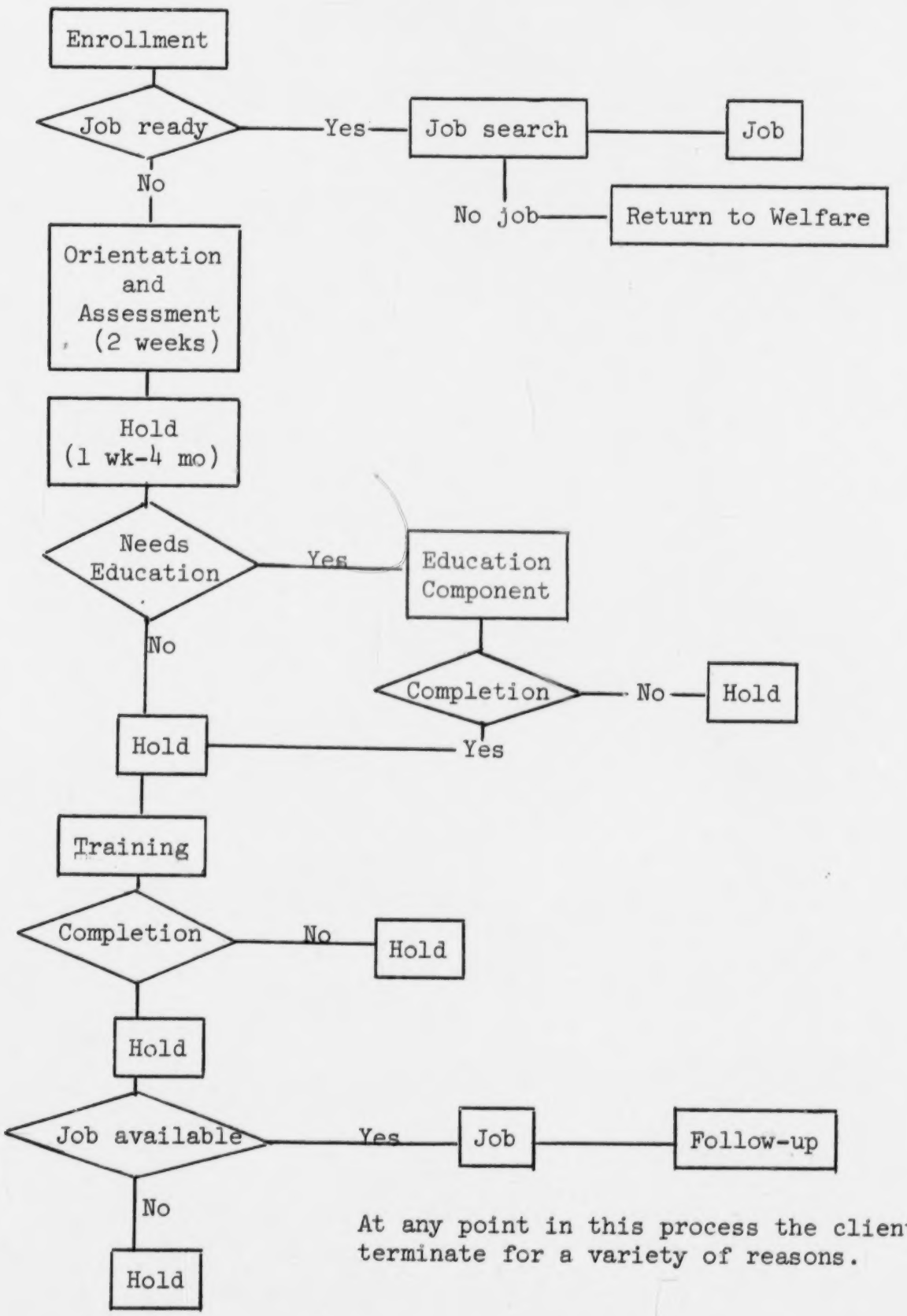
** For state reporting purposes only; personnel listed on these teams actually worked on the task forces.

Because no master file of component programs is kept for the Cleveland office, it is not known how many different components are utilized by the program.

The pattern for client processing in Cleveland is shown in Figure 13.

FIGURE 13

Flow Chart of Enrollee Progress in Cleveland*



* Essentially the same as Detroit except for noted holding times and orientation.

3. Chicago

a. WIN Teams

In Chicago, at the time of our interviewing, teams were about to be expanded to six members, including a caseload manager. The caseload manager's task was not to interact with clients but rather to keep track of them and see that they were progressing in the program. This task has become particularly important with the increased caseload size since the outreach teams were put into operation. By February, 1971, team caseloads were often in excess of 250. Due to the previous scarcity of clients, no process of metering had been developed to keep team caseloads within the Federal guideline figure of 200 clients.

The caseload manager position was created in part because of the size of the caseload and in part to provide some direction for the equal team members. Since the caseload manager was not directly a part of the team, he was free to devote his time to the managerial functions of coordination and allocation of responsibilities.

b. Enrollment and Orientation

When a client was enrolled in the WIN program during the time of our interviewing, his first activities varied according to referral source. The first encounter with WIN for those enrolled by the special team occurred at the meeting with this team in the district office. The WIN participants on the team were para-professionals and usually told the client of their interest in his progress and their willingness to help him out if he had trouble in WIN. Several instances were noted by ES-WIN where outreach team personnel acted as advocates for the clients after they were enrolled.

Clients coming from Basic Education centers often found their lives only slightly changed by their enrollment since they continued in this education

program. Those referred directly by caseworkers were enrolled by a team member from one of 16 teams in the ES-WIN office, located in the downtown area. Because the teams are located individually in bays, clients often met other members of the team at the time of their enrollment. With individual team exceptions, this situation is unique in the three cities.

All clients, whatever the source of their referrals, received an orientation that usually consisted of a counselor's meeting with the client. It might consist of only one meeting where the program is discussed with the client and some assessment is made of the appropriate scheduling of the client's participation; it may be several sessions in which some clarity is gained as to the client's vocational choice and probable training program; or it may consist of several weeks of counseling with the client. Office workers have indicated that this category of orientation is sometimes used essentially as a holding category.

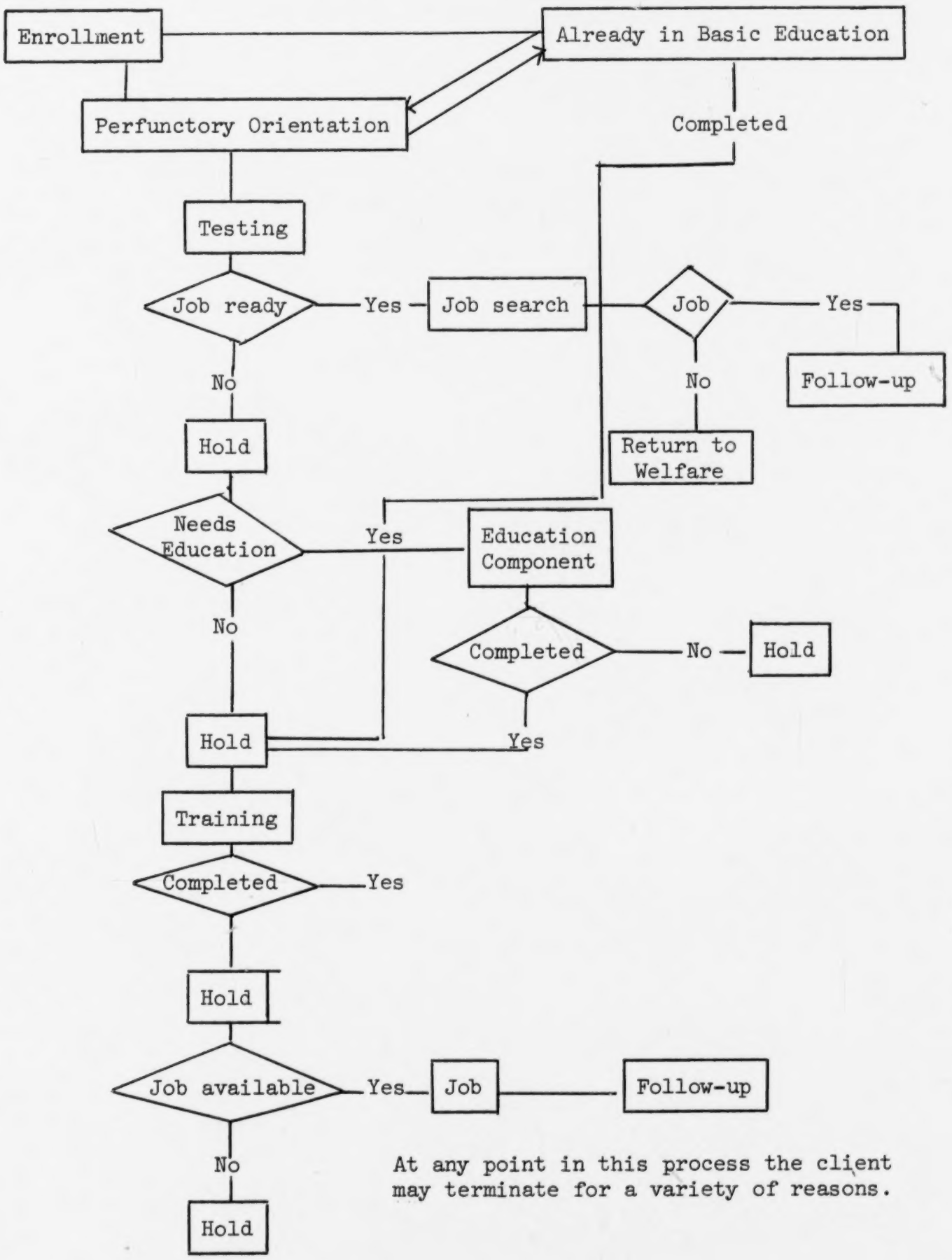
Usually clients were given, by specialized WIN personnel, a battery of tests including the General Aptitude Test Battery (GATB) to determine the areas of their ability. Although relied upon heavily in the early stages, the predictive value of these tests was apparently quite low, and enrollees would begin one program on the strength of GATB results only to drop out and enroll in a different program.

c. Office organization

The liaison unit, located in the same office with the 16 teams, is more crucial to the WIN operation in Chicago than in Detroit or Cleveland. The welfare caseworkers in Chicago have mixed caseloads, so that their workers are less able to give close attention to particular AFDC case needs. With about 40 percent of the caseloads covered by supervisors, many clients' needs cannot be met easily. Often the liaison workers actually perform the caseworker

FIGURE 14

Flow Chart of Client Progress in Chicago



services simply because this is the only way to meet the client's immediate needs in the program.

At one point the general animosity toward WIN in the CCDPA carried over to the liaison unit. The location of the unit right in the midst of the teams, however, permitted very easy and personal access to liaison personnel by the team members. As a result a cooperative working relationship began to develop. Another factor has been the Department of Labor's increasing power to demand compliance. According to one of the supervisors in the Work and Training Division of CCDPA, the governor had appointed a close friend as the head of the Illinois Employment Service. The state director of WIN prevailed upon this new head of IES to demand greater cooperation from public aid in the WIN program. In the words of the welfare supervisor, "We were told to cooperate or we'd get run over." The new office manager also stated quite clearly that he intended to keep his records more carefully and would expect complete cooperation from the liaison unit.

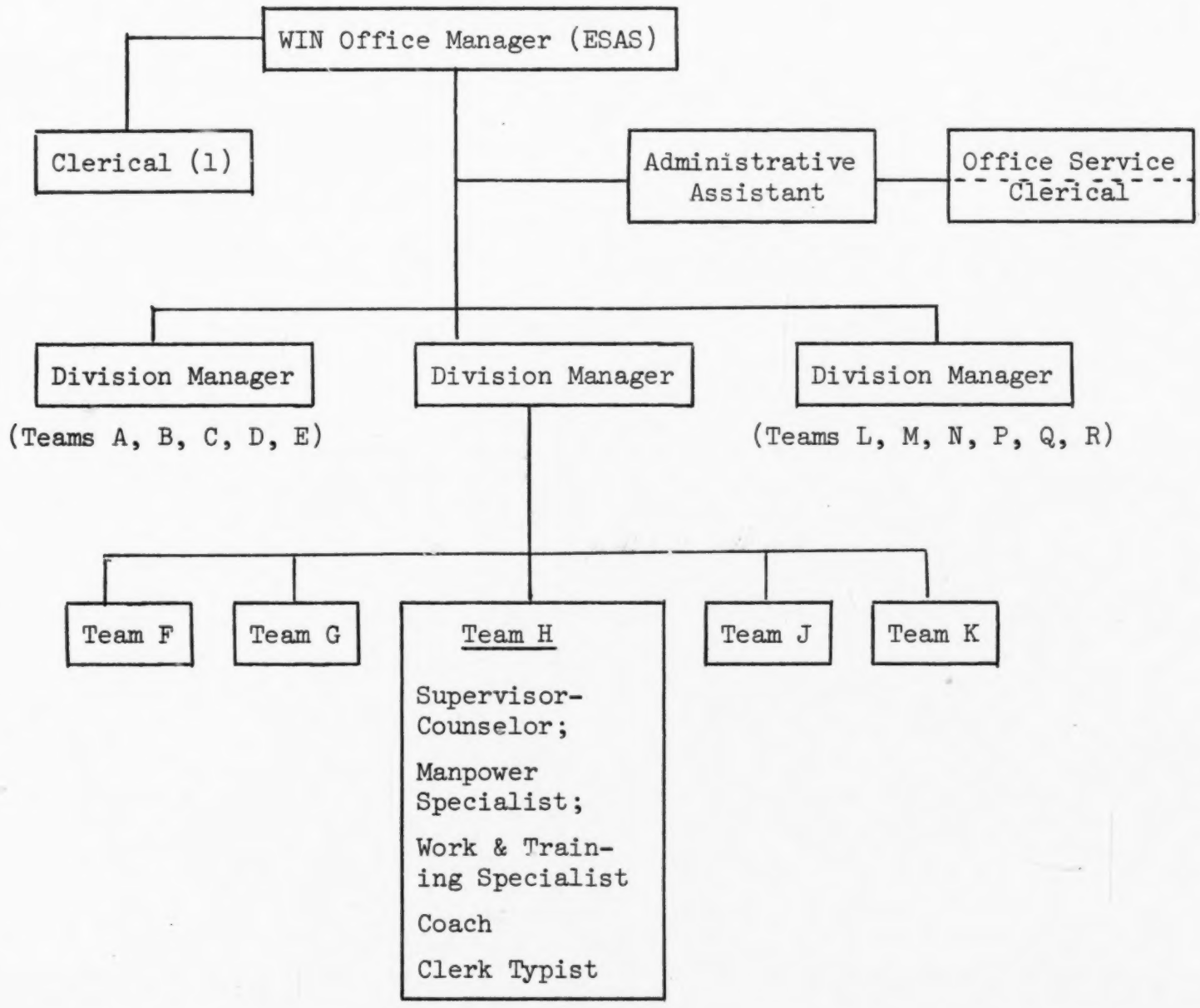
The result of this altered inter-agency relationship was that the liaison unit has been, for practical purposes, an adjunct of the ES-WIN program and has provided the services requested by the team members whenever possible. This cooperation has enabled teams to get quick action for clients who need supportive welfare services, meaning decisions could be implemented much more quickly than if the channel led through liaison to the caseworker and back again. The shift in the authority balance has apparently taken care of the agency's two main problems with supportive services for clients. (See Figure 15.)

d. Training components

All training and education programs are contracted out to other agencies.

FIGURE 15

Chicago WIN Organizational Chart



In all three cities this practice presents problems of assessment, monitoring and innovation which have not yet been satisfactorily resolved. In Chicago there was an investigation of involvement in the program of clients who demonstrated very poor attendance and eventually dropped out of the program(s), many times without the knowledge of the team members. The cost analysis attempted in this investigation indicated a very low return on the training investment; since the programs are paid only for attendance, there is little incentive for them to alert teams quickly to truancy or even illness of clients.

A more serious defect is the lack of clear knowledge of the general success rate of the programs in terms of placements, starting salaries and typical client participation. Team members use a variety of criteria and sources of information concerning program effectiveness, but no systematic records have been kept which are available to all work and training specialists for use in training decisions.

For a certain period there was a practice of block placements of clients. A contract was written with a training facility for a specific number of enrollees at a set price, and a certain number of clients were then needed to fill the quota for the training site. The tendency was to use organizational demands rather than client needs as criteria.

Chapter 3

Decision-Making of Service Personnel and Clients: Conceptual Framework and Study Questions

Conceptual Framework

The specific focus of the study was pursued through a series of questions about decision-making of caseworkers, clients and WIN team members. Since these questions can be best understood within the conceptual framework developed for the study, we will present the framework, then consider the questions.

Let us begin by clarifying what we mean by the term "decision" itself. As Lundberg observed, the term is used in a variety of ways in the literature:

> "Many would have the term refer to decision as a product; that is, it is what comes of the choice. Others believe decision to be the process of choice itself. For still others decision means a certain kind of choice. Some authors speak of decision as the processes leading up to the actual choice process, others combine in decision the processes leading up to and including choice, and still others go even further by including all processes leading up to, through and beyond choice (implying in most instances implementations)."[1]

In our framework, the term is used to denote a choice rather than a product or process. A decision is a cognitive event that occurs whenever an individual makes a choice among a set of alternatives. While the decision occurs "inside the head" it is more than a preference or a wish. It carries with it a commitment to action, even though the action is never carried out. For example, a caseworker may decide to refer a client to WIN but before he does the client may develop a health problem and become ineligible. Usually, however, decisions are followed by some kind of "implementing" action by the decision maker. Such actions are referred to as decision behavior. It is behavior that attempts to

1. Craig C. Lundberg, "Administrative Decisions: A Scheme for Analysis," in The Making of Decisions: A Reader in Administrative Behavior, eds. William J. Gore and J. W. Dyson (New York: The Free Press of Glencoe, 1964), p. 20.

realize the goal of the alternative chosen. A caseworker who completes a referral form, a client who contacts a neighbor to care for her child, a WIN team member who tries to convince a client to accept a certain kind of job are acting in ways to implement referral, child care, and job placement decisions.

While decision behavior may terminate without any apparent residuals, it usually leads to certain outcomes. Such decision outcomes may or may not be those anticipated or desired by the decision maker. They simply represent consequences of his behavior. It is sometimes difficult to draw a line between decision behavior and outcomes. Since decision behavior may trigger off a chain of events, it may be even more difficult to decide when it ceases to be useful to trace given events back to given decisions. Practically speaking, we use the term decision outcome to refer to the more immediate, proximal consequences of a decision: referrals of clients to WIN, or their assignments to training programs or placement in jobs, are examples of decision outcomes.

In a program like WIN, significant actions usually represent the outcomes of decisions of more than one person. For example, the placement of a client in a job may be the outgrowth of the client's decision to accept the position, the prior decision of a WIN team member to refer the client to the employer and, of course, the employer's decision to offer the client the job. While certain events or states of affairs may be regarded as decision outcomes, it may be difficult, if not impossible, to establish the behaviors and decisions of the various individuals who have brought them about.

It is possible, however, to identify certain dimensions that must be taken into account in determining the origins of decisions, decision behavior and decision outcomes. One has to do with the processes of individual decision making. While there is a great deal of theory and research on such processes, most of the work in this area has been concerned with what Wilson and Alexis

refer to as closed decision models. In such models all alternatives and their probable outcomes are known by the decision maker and taken into account by him in determining optimal decisions for reaching some clearly specified objectives. As Wilson and Alexis point out, such models "assume a kind of administrative rationality similar to that prescribed for the ideal rational man. . . They are 'closed' because of the minimal weight given to the environment of the decision maker and the complexity of the act of choice as such."[2]

Models of this kind make a poor fit to the decision-making of the actors in our study. For example, in making decisions about child care a WIN client may not be aware of all alternatives, may have limited knowledge of their consequences, must relate to complex and unclear objectives and is subject to unpredictable environmental influences. It is difficult to determine rational solutions to such decision problems even if we assume that the client is a "rational" decision maker. Much the same can be said for the decision making of caseworkers and WIN team members.

Before one could construct a model of how these individuals reach a decision, it would be necessary to know more about the kinds of factors they take into account and the criteria they use to weigh these factors in a given decision situation. The present study provides knowledge of this sort, particularly in respect to decisions in which the range of possible alternatives and relevant criteria can be specified.

The decisions the individual reaches and how he reaches these decisions are influenced by a range of antecedents. Those exerting the most direct influence on decision-making are various cognitive, attitudinal and motivational factors. In respect to the three actors under study, these factors would include

2. Charles Wilson and Marcus Alexis, "Basic Frameworks for Decisions," in The Making of Decisions: A Reader in Administrative Behavior, eds. William J. Gore and J. W. Dyson (New York: The Free Press of Glencoe, 1964), p. 182.

not only their perceptions, attitudes and motivations toward the WIN program and its various requirements and aspects, but also their conception of their own role in the organization. Thus, if a caseworker firmly believed that mothers of preschool children should not work, one would expect that this attitude would affect his decision to refer such mothers to WIN, or if a client were more strongly motivated to remedy her educational deficits than to secure employment, then her motivation would presumably influence her decisions about her career in WIN.

Since caseworkers, clients and team members carry certain roles in an organization, one could expect that much of their decision-making would be influenced by their expectations of appropriate role behavior. Regardless of his negative attitudes toward working mothers, the caseworker might refer mothers of young children to WIN because he is expected to make such referrals and he views his role as carrying out organizational expectations. A WIN Counselor may be motivated to refer clients to placements suited to their individual needs, but may in fact refer them to a "mass contract" training program because that is what his supervisor expects him to do. Clients may view their roles as doing what caseworkers and team members tell them to do, regardless of what they think might be in their best interests.

Other "objective" characteristics of the individual may be associated with decision-making. Age, race, sex, work history, job tenure history are all examples of traits that may correlate with decisions and decision outcomes. Such characteristics may be viewed as indicators of certain individual traits that may affect his decisions, even though the connection may have to be inferred. If job tenure of caseworkers is found to correlate with a tendency to refer cases to WIN, one might think of such explanations as long tenured workers having a greater sense of identification with the organization and thus being

more inclined to carry out its directives.

We take a similar position in respect to influencing factors originating at higher levels of analysis--the group and the organization, for example. The decisions of a WIN Counselor presumably affect and are affected by the decisions of other team members. As has been suggested, one can expect organizational factors to exert powerful effects on decisions at the level of caseworker, team member and client. Still there is logic in viewing such factors as mediated by the individual decision maker. Caseworkers, clients and team members make a large number of discretionary decisions by plan. They can, and often do, make decisions which deviate from organizational rules. While WIN team members are affected by one another's decisions, a model based on the decision-making of team members as individuals seems to provide a better fit to the realities of practice in our three WIN programs than a group decision-making model.

The final dimension in the framework concerns the actors' assessments of decisions, decision outcomes and decisional processes. How caseworkers, clients and team members evaluate these aspects of decision-making is of intrinsic interest. In addition, such evaluations will presumably affect their future decision-making and also serve as indicators of utility, given the lack of more rigorous criteria.

These dimensions of decision-making are applied to various kinds of decisions made by caseworkers, clients and team members. These decisions can be grouped into five main types: (1) program entry decisions, particularly those pertaining to the referral and enrollment of the client; (2) child care decisions; (3) decisions about the enrollee's career in the program, that is choices relating to the kind of educational or training experiences the enrollee will engage in; (4) decisions concerning the enrollee's continuance in the program; and (5) job placement decisions. To some extent the client can participate in all

these decisions and controls a certain number of them, such as those relating to child care arrangements. The caseworker's contribution is limited largely to program entry and child care decisions and the WIN team members make major inputs into decisions concerning enrollment, choice of training components, the client's continuance in the program and her subsequent job placement.

The complete framework can be put in the form of a matrix, as presented below:

Schematic Presentation of Conceptual Framework
for Decision-Making by
Caseworkers, Clients and Team Members

Dimensions of Decision-Making	Type of Decision: Program Entry	Child Care	Program Career	Program Continuance	Job Placement
Antecedents					
1. Organization/Group					
A. Individual					
1) Objective Traits					
2) Cognitions-Attitudes					
3) Motivations					
2. Decision-Making Processes					
A. Objectives					
B. Alternatives					
C. Criteria					
3. Decisions					
4. Decision Behavior					
5. Decision Outcomes					
6. Assessment					

Study Questions

To the two dimensional matrix presented above can be added a third dimension--type of actors. With the addition of this dimension it is possible to locate most of the study questions within the matrix.

Two kinds of questions were asked. One type asked for descriptive information concerning various points in the matrix. Thus a number of questions were developed concerning the nature of the client's decision-making processes in respect to program entry decisions. For example: What consequences did the clients foresee if they refused to enroll in WIN? What did they hope to gain from participating in WIN? As to other points in the matrix, certain questions concerned the criteria caseworkers used in referring clients to WIN. Not every point in the matrix yields a corresponding question, of course, since some points were not relevant--e.g., caseworkers did not participate in job placement decisions--others were not judged to be of sufficient importance to warrant inquiry and it was impossible to obtain data for still others.

A second kind of question concerned relationships between variables generated by the matrix. Thus an attempt was made to determine the relationship between characteristics of team members (antecedents) and the kinds of decisions they made about clients: characteristics of clients were related to decisions about whether to remain or to drop out of the program. Selection of relationships to be examined was guided by both theoretical and practical critera.

While the framework proved useful in guiding our investigation, we decided there was little to be gained from fitting all our questions or findings into it. To have done so would have run the risk of cutting off fruitful lines of inquiry and of imposing a somewhat rigid conceptual scheme on our data. Thus not all our questions are addressed to decision-making per se and many of our findings are not expressed in the vocabulary of our theoretical framework.

Nevertheless, most of our important results, as will be shown, either bear directly upon, or have implications for, decision-making in the WIN program.

Chapter 4

Research Design and Methodology

The participating schools collaborated in carrying out a single project in the three different locations. The necessary coordination was achieved by utilizing the same basic design for data collection, collaborating in the development of instruments, and dividing the data analysis functionally (by topic) rather than geographically. The purpose of this chapter is to present the basic design of the study including the sampling plan, instruments and methods of data collection.

The WIN Enrollees

Each of the three schools selected a panel of female AFDC recipients at the time of their referral to WIN. Individual variation in panel selection is described below.

Chicago--The population for the sample included all AFDC mothers referred to the Chicago WIN project by the public welfare department from February through April, 1970. A cluster-probability sample within a time series was used to develop a panel of 105 respondents. To ensure representativeness of the total AFDC-WIN population, only one-third of the panel was obtained from three Basic Adult Education Centers, although their referrals constituted 50 percent of the total number being referred, at that time. The remaining two-thirds of the sample came from 15 of the 23 district welfare offices. A limit of 15 was placed on the number of respondents from any one district office in order to achieve greater district office representation.

Cleveland--The sample consisted of 70 female and 30 male AFDC recipients from a total population of 143 recipients referred by the welfare department to WIN from February through June, 1970.

Detroit--The Detroit panel of 143 female AFDC respondents was drawn from clients referred to the WIN program between July 15, 1969 and May 25, 1970. A sample of all referrals made during this period was randomly selected. Letters were then sent to this sample by the Wayne County, Michigan, AFDC program asking them if they wished to participate.[1] The Detroit sample consisted of the 47 percent of the sample who responded. Thus, the Detroit sample consisted of a group of 143 female AFDC recipients referred to WIN who agreed to be interviewed. Obviously this group differed from the non-responders in respect to their willingness to answer our inquiry and to participate in the study. One can assume they differed from those not responding in other ways as well but it was not possible to secure data necessary to make the relevant comparisons.

The sampling procedures used by the three schools can thus be described as a purposive time sample rather than as a random sample. As referrals were made by the welfare offices, these names were sent to the research project until the desired panel size was obtained. Since the primary intent of this study is to examine the decisions and the processing of WIN enrollees, not the WIN referral process per se, our sample selection procedure should not present a major bias. However, since the panels were composed of WIN referrals and enrollees who desired to cooperate with the study and who were referred to WIN during a six month time period, our combined sample may not be representative of all WIN referrals or enrollees.[2]

The major reasons for the attrition of the original client referral list (143 respondents) for Cleveland may be representative of the problems faced

1. Permission of clients prior to inclusion in the panel is a requirement of Michigan public welfare procedures.

2. However, it should be noted that across the three locations the combined panel covers the time period of July 15, 1969 through June 30, 1970. It is assumed that referrals for the months used will not significantly differ from WIN referrals for the remaining months.

at all the sites. These reasons are as follows:

(1) Addresses of clients provided by the Cuyahoga County Welfare Department were often incomplete, incorrect or out of date. Some clients had moved by as much as six months prior to the date of referral to WIN.

(2) Establishing an interview appointment with the client often entailed several attempts through the mail, by telephone, with relatives and neighborhood contacts. Respondents also failed to keep appointments, although interviews were conducted in the place of the client's choosing. This necessitated the scheduling of several appointments with clients. If appointments were repeatedly missed, as a last resort the interviewer attempted to see the client by going to his home unannounced. Occasionally this resulted in successful interviews.[3] Referral names were dropped if the interviews were not completed within two months of the referral date since Time 1 interviews with the panel were to be conducted prior to their WIN involvement.

(3) The interviewers, usually graduate social work students or professional social workers, were limited in the time which they could devote to interviewing because of school or job demands. This, coupled with client location and contact problems, spread the Time 1 interviewing over four months. However, the use of social work students was believed to be justified over full-time interviewers since the students are skilled in interviewing techniques and have a demonstrated concern for the client population; in addition, a secondary goal of the project was to involve future social work professionals in manpower programs, problems

3. It should be noted that for the Time 1 interview, the development of the enrollee panel, other location techniques were used such as contacting other tenants in the subject's building, the landlord, bartenders or others in the neighborhood and asking if they knew where the subject was because we had $5.00 for her. For a review of location techniques see: Survey Research Center, Notes, Hints, and Suggestions for Interviewing the Hardcore Unemployed, (Mimeographed), Ann Arbor: The University of Michigan, July, 1969. Once interviewed, subjects were asked for secondary contact people who might keep track of their location.

and research.

In Cleveland, however, the sample attrition due to problems other than location--for example, refusal to cooperate--was very small, slightly over 2 per cent of the sample.

The panel of female WIN enrollees was interviewed at two points in time--at the point of referral (N = 318) and 8 to 10 months later, regardless of their status in WIN (N = 261). The loss of 57 respondents between Time 1 (N = 318) and Time 2 (N = 261) can be accounted for largely by the removal of 34 respondents from the Detroit sample. These respondents were eliminated because it seemed highly unlikely that they would be enrolled in the WIN program by the time of the second interview, given the backlog of referrals in Detroit. The remaining 23 respondents could not be located at Time 2.

Instruments used for data collection were interview schedules developed and pretested by the three schools. Respondents were paid a $5.00 honorarium for each interview. The length of the interviews generally ranged between one and two hours, depending largely on the number of sections of the interview schedule applicable to the respondent. As far as possible, interviewers and respondents were matched on sex and ethnicity. This pattern, however, was not consistently followed since there were not enough black female interviewers available and the ethnicity of the respondents, on the basis of name and neighborhood, could not always be ascertained.

During the initial interview with clients, biographical, situation, attitudinal and motivational factors that might affect their decisions in respect to WIN were elicited. These included their education, work and welfare histories; family and life circumstances; their attitudes toward mothers' working and child care; their perceived ability to affect their environment; their interests in education, training and work; their attitude toward WIN itself. Their participation

in the referral decision was examined and their appraisal of this decision was obtained. Finally, attention was given to decisions they had already made and were contemplating in respect to child care arrangements.

The content of the second interview varied according to the client's status at that point: not yet enrolled; still in the program; dropped out; or terminated. In general, the focus was on decisions relevant to the client's status. For example, those clients still in the program (the modal category) were asked about their role in decisions concerning training components and their perception of the processes that produced these decisions. Their evaluation of both the decisions and the decision-making processes were elicited. All clients were queried about further decisions on child care arrangements and all completed various attitude scales given in the first interview.

The Referring Public Welfare Caseworker

The Chicago panel was a time sample of welfare caseworkers referring female clients to WIN during February to April, 1970 for an N of 51. The Cleveland sample consisted of 50 respondents drawn at random from a list of all referring public assistance workers in the Family and Children's Services division.[4] The Detroit sample was comprised of 51 subjects selected randomly from a population of 345 referring caseworkers. The total sample size for the three sites was 152 referring caseworkers.

Caseworker data were collected during the months of February through April, 1970. Instruments used were interview schedules and analogs or decision problems. The interviews lasted between 45 minutes and one hour and 15 minutes and were conducted by the project staff and social work students. No follow-up

4. The sample originally consisted of 86 respondents but was reduced to 50 for the three site comparison. This was because the 36 workers excluded had only tangential referral responsibilities--WIN liaison, child welfare, student units, etc.

with the referring caseworker panel was planned.

Interviews with the caseworkers attempted to elicit the cognitive and attitudinal bases for their referral decisions--their knowledge and perception of WIN, their attitudes toward the program and toward mothers' working. Their views of the organizational pressures and constraints in respect to referral decisions were obtained. They were queried on the referral criteria and processes they actually used and were asked to make referral decisions about a number of hypothetical clients.

The WIN Team

The sample at all three sites was a universal sample composed of all active teams and team members excluding clerk-typists and supervisory staff. The total N was 30 teams and 116 team members.[5] Individual site breakdowns were: Chicago, 60 team members and 16 teams; Cleveland[6], 16 team members and 4 teams; and Detroit, 40 team members and 10 teams.

Four data collection instruments were used with the WIN teams:

1. The "A" instrument was a questionnaire which was administered to WIN team members in small groups by project staff. Generally all members of the same team were included in the same test group. The questionnaire was administered in Cleveland during October and November, 1970 and in Chicago and Detroit during November and December, 1970.

2. A series of Decision Problems were given to the respondents upon completion of the "A" instrument. Completion time for the "A" instrument and the Decision Problems ranged from one hour to two hours and 30 minutes.

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5. Total number of actual team members does not equal total number of expected team members because of incomplete teams. Actual number of team members = 116, expected number = 120.

6. Cleveland WIN teams were called Task Forces at the time of data collection. They had all the functional positions of the team and for all operational purposes functioned as a team. Additionally, one of the four teams was an "Orientation and Assessment Team" composed of one Counselor and four "Orientation and Assessment" specialists.

3. Interaction Tally Cards were distributed to team members upon completion of the Decision Problems. Each subject was to record, for one week, the number of job-focused interactions with other members of his team, his supervisor, persons on other WIN teams and public welfare department personnel.

4. The "B" instrument was largely a focused interview schedule administered to all team members in individual sessions by project staff and social work students. Sessions were held within a few weeks following the completion of the "A" instrument. Additionally, insofar as WIN project personnel scheduling and demands allowed, all members of the same team were interviewed on the same day to reduce the possibility of cross-contamination of results. The "B" instrument also included a series of questions matching team and client perceptions. The "B" instrument was administered during the months of October and November, 1970 in Cleveland; during the months of December, 1970 and January, 1971 in Detroit; and December, 1970 through March, 1971 in Chicago.

Data were collected from WIN team members in the three programs, at about the time of the second interview with the clients. The self-administered questionnaire and structured interview were used to obtain information on the kinds of decisions made in respect to particular kinds of clients, their criteria for such decisions and the use of the team approach in decision-making. Their decisions in respect to specific enrollees (N = 43) included in our client sample were also examined.

Use was made of a variety of less systematic procedures to obtain necessary contextual data. These procedures included review of case records, manuals and memoranda; informal interviews with administrators of WIN and welfare programs; and observations of staff and WIN team meetings.

Table 4-1

Sample Sizes

POPULATION	Samples for Each Site and Total N			
	Chicago	Cleveland	Detroit	TOTAL
Female WIN-AFDC Clients				
Time 1	105	70*	143	318
Time 2	94	63	104	261
Referring Public Welfare Caseworkers	51	50**	51	152
WIN Teams				
Number of Teams	16	4	10	30
Number of Members	60	16	40	116

* An additional 30 male referrals were drawn for separate analysis. The Time 2 male sample was 24 respondents.

** Additional 38 workers used for analysis of other variables.

Chapter 5

The Caseworker's Role in the Referral Decision

In order to understand major decisions affecting the career of WIN enrollees, we must consider the role of the welfare caseworker because the kinds of clients enrolled in the program are entirely composed of the referrals from caseworkers. It is true that guidelines and priorities have been established for the workers, but, as will be evident from this chapter, there is considerable variance in the way workers perceive and apply such guidelines. This variation stems from the manner in which human beings make decisions when confronted with a variety of criteria and informational inputs and when these persons have varied social contexts as references. As March and Simon state, "Choice is always exercised with respect to a limited, approximate, simplified 'model' of the real situation . . . the chooser's 'definition' of the situation."[1]

Katz and Kahn further identify forces which influence this "definition" as: 1) determination of thought by position in social space; 2) identification with outside reference groups; 3) projection of attitudes and values; and 4) global or undifferentiated thinking. The same authors also identify personality variables such as ideology versus power orientation and irrationality versus objectivity as influencing the course of decisional processes.[2]

Furthermore, a growing body of literature indicates that the career of a client of a human service organization is not solely dependent upon his own

1. March, J. G. and Simon, H. A., Organizations (New York: John Wiley & Sons, Inc., 1958), p. 130.

2. Katz, Daniel and Kahn, Robert L., The Social Psychology of Organizations, (New York: John Wiley & Sons, Inc., 1966), pp. 284-94.

behavior or personal attributes.[3] Major decisions regarding his career may be influenced by the way staff--in this case, caseworkers--perceive, interpret and classify client attributes. Further, organizational constraints and contingencies may have considerable influence upon staff members' decision making in addition to factors in the environment.

Caseworker characteristics, their attitudes and perceptions toward clients, as well as their views of the WIN program, therefore, become critical factors in understanding the decision making process. In the first section of this chapter these variables will be examined to isolate those factors that have an impact on the decisions of the caseworkers that are relevant to the WIN program, primarily the decision to refer clients. The second section extends this discussion into the actual decision making process itself.

In fulfilling this task, we will describe the characteristics of the sample of caseworkers as well as some of the differences in the caseworkers' perceptions of their organizational contexts we believe are relevant to decision making. The attitudes of the caseworkers that are most relevant to decisions made in this area will then be identified. These include, for example, their attitudes toward maternal employment, welfare program provisions and child care planning. The experiences these workers have had with the WIN program will then be presented. Finally, we will discuss the workers' attitudes toward WIN.

I. Antecedents of the Caseworker's Decision Making

Description of the Sample

The sample consisted of 152 caseworkers from the three cities. Fifty of the workers were selected from Cleveland and 51 each from Chicago and

3. See, for example, Cicourel, Aaron and Kitsue, John, The Educational Decision Makers (Indianapolis: Bobbs-Merrill, 1963) or Friedson, Eliot, The Patient's View of Medical Practice (New York: Russell Sage, 1961).

Detroit.

Of these 152 caseworkers, three-fourths were female and only one-fourth male. Half of the workers were single. More workers were white (61 percent) than black (38 percent). They were also a young group of people. Forty-four percent were between 21 and 25 years of age. In all, 74 percent were under the age of 30. Turnover rates for workers were high. Thirty-nine percent of the entire sample had been employed less than a year. A small proportion of the workers (13 percent) had been employed by their agency more than five years. In view of these large proportions of young and recent employees, it was not surprising to find that their present job was the first one for three-fourths of the workers.

Most of the workers had college educations. Seventy percent had majored in the social sciences, 14 percent in one of the humanities and 7 percent in social work. Most do not wish to leave their job immediately. Forty-one percent indicated that they plan to continue in their present job between one and five years and almost 20 percent state that they intend to remain longer than that. On the other hand, about a quarter plan to leave their jobs within the year. Three-quarters intended to undertake graduate study and 40 percent of this number planned advanced study in social work.

In summary, a typical welfare worker may be characterized as likely to be an unmarried white woman between the ages of 21 and 30. She has graduated from college, majoring in one of the social sciences. She does not have graduate work but plans to continue her education. This is also likely to be her first job. She has held this job between one and two years and plans on remaining more than one year but less than five years.

A short description of the differences between the three cities will be given. No attempt was made to assess the significance of these differences

because the sampling techniques used for the selection of these groups are not adequate for the purpose of hypothesis testing. The comparisons will include ratings on one attitudinal scale besides the demographic and service attributes.

Three attitudinal scales were devised for this phase of the research. On only one of them, the Bureaucratic-Professional Scale, did workers of the three cities differ. This scale was so developed as to indicate whether the public welfare worker believes that his major function is to provide social work services instead of checking eligibility requirements and whether he agrees that clients' interests are more important than adherence to the policies and procedures of the agency.

The inter-city picture which emerges is that Chicago workers have career aspitations calling for more education and are more likely to be single. More of them are white, and they are more likely to have professional attitudes. These workers, nevertheless, indicate that more of their time is spent on paperwork than the workers in the other two cities.

In contrast, Cleveland had the highest proportion of black workers, married workers and male workers. This city had the fewest workers who planned on leaving within the year and the fewest who had already done graduate work. In turn, these workers expressed the most bureaucratic attitudes. As can be seen from the above comparisons, Detroit workers tended to fall between Chicago and Cleveland workers on a number of these variables. The items on which Detroit workers represented the "extreme" relative to the other two were in the low proportion who had been employed less than a year and the slightly higher proportion who said they spent more than two-fifths of their time on service.

On the basis of the above and primarily for heuristic reasons we have decided to present a broad characterization of the workers from the three

cities.[4] This characterization will form a basis for inquiring into the organizational causes of such differences should a more rigorous examination confirm their existence. Furthermore, this type of exploration may serve as a basis for hypotheses regarding the sources of differences in approaches to the WIN program that appear among the workers in these three cities. With this disclaimer of the rigor of these characterizations, it is proposed that Chicago workers are likely to leave their jobs after a short time but have professional attitudes and aspirations; that Cleveland workers tend to stay longer on the job but have bureaucratic attitudes; and that Detroit workers tend to have professional attitudes and long tenure. This categorization is presented graphically below:

	ATTITUDES	
	Professional	Bureaucratic
TENURE, Short	Chicago	
TENURE, Long	Detroit	Cleveland

Attitudes and Perceptions Regarding Clients

The workers tended to believe that their clients would rather work than receive assistance. Eighty-one percent of them agreed with this statement. The majority of caseworkers, therefore, agree that their clients are motivated to work. In this connection, it would be of interest to examine workers' attitudes toward working mothers, bearing in mind that their caseload consists mainly of AFDC mothers. Workers seem to approve highly of mothers working when the purpose of work is to supplement adequate income. In spite of the fact that 62 percent of the workers thought that mothers of preschool children should not work, 80 percent agreed that these mothers can work

4. As mentioned above, many of these differences could have occurred by chance. Because this entire study is regarded as exploratory, we have made suggestions in the interests of developing some hypotheses that might usefully be tested under other conditions.

TABLE 5-1

Workers Who Agree with Statements Regarding Working Mothers

Mothers Should:	Mothers of Preschoolers				Mothers of School Agers			
	Chic	Clev	Detr	Total	Chic	Clev	Detr	Total
	Pcnt	Pcnt	Pcnt	Pcnt	Pcnt	Pcnt	Pcnt	Pcnt
Not work	55	68	63	62	24	34	16	24
Work only to make ends meet	37	56	27	40	22	30	14	22
Work to supplement adequate income	84	76	80	80	98	92	98	96
Work if this is preferable to staying at home	69	44	73	59	82	70	86	80
N =	51	50	51	152	51	50	51	152

to supplement their income. Mothers' preferences regarding employment is less considered by workers than their family income.

Most of the workers approve of mothers of school age children working; only 24 percent of this sample think such mothers should not work. Table 5-1 shows that opposition to mothers working is strongest in Cleveland.

The workers recognized that there are many impediments to a client's employability. These can be divided roughly into two categories. First, problems arising from the client's attributes, like poor education, lack of training, need for child care and ill health. Such problems may prevent clients from obtaining employment. Second, barriers to clients' employability which exist in the clients' environment. High rates of unemployment, racial prejudice, discrimination against women and working mothers were among problems cited by caseworkers. This subject is dealt with in greater detail on page 89 of this chapter.

The workers were also asked how they believed clients felt about the

program. From the 78 workers who indicated they had received some feedback from clients, 39 percent reported that clients were mostly favorable toward WIN, while 28 percent reported clients were mostly unfavorable. Thirty-one percent of these workers reported such feedback to be evenly divided and 3 percent didn't know how to characterize the feedback. It should be noted, therefore, that 59 percent of the workers received some negative feedback from clients and that this kind of response was found particularly among Cleveland workers--76 percent gave this response. On the other hand, 70 percent of the workers perceived the specific feature of incentive pay as important from the clients' point of view.

Attitudes and Perceptions Regarding Child Care

On the basis of the generally held view that child care is a critical issue for a mother who is in a training program or is employed, a series of related questions were asked of the caseworkers in our sample. Their attitudes and perceptions concerning the importance of child care were elicited, both in their decision to refer a client to WIN as well as the mother's continued participation in the program.

The overwhelming majority of the workers saw an adequate child care plan as an essential consideration in their referral decision. In fact, when they did not refer, 88 percent of the workers indicated that they "always" or "frequently" tried to help these clients with child care arrangements in an effort to overcome one of the major barriers to effecting a referral.

More than two-thirds of the workers indicated that the availability of child care was an important determinant in their decision to refer or not refer "all" or "most" of their clients. However, among the three cities, this varied. Eighty-eight percent of the Chicago workers responded in this manner, followed by 70 percent in Detroit and only 47 percent in Cleveland.

Similarly, the vast majority of the workers saw an adequate child care plan as necessary for the mothers to participate in job training and employment. Eighty-seven percent of the workers indicated that loss of child care would interfere with the mother's participation in WIN and 62 percent felt that it would prevent a client from securing a job.

Information was also secured on how the workers perceived their role in the development of a child care plan. As can be seen in Table 5-2, the workers typically approved the plan developed by the mother and rarely assumed more aggressive roles, such as suggesting alternatives or making referrals to community resources. Again, however, there is considerable inter-city variation, with Cleveland workers indicating a much more active role. The cluster of factors that are associated with the Cleveland workers' more aggressive stand in child care should be examined.

TABLE 5-2

Proportion of Workers Indicating Designated Roles in Formation of the Child Care Plan

Worker's Role:	Chicago	Cleveland	Detroit	All Workers
	Percent	Percent	Percent	Percent
Approve client-initiated plan	65	34	63	54
Suggest alternatives	8	20	12	13
Refer client to child care resource	14	26	10	16
Make other arrangements	6	4	4	5
Other	4	8	4	5
Not applicable	--	8	8	5
N =	51	50	51	152

The workers were also asked for their preferences among child care plans for children of various ages. Similar data were also obtained from the mothers. Since Table 5-2, above, indicates that the workers typically approve

whatever plan the client develops, the preferences of workers is probably of less importance than we originally thought.

The most striking finding is that the preferences for child care plans vary greatly for children of various ages and is a much more complex issue than it is commonly considered. Even among a common age group, a wide range of plans are possible and there is also considerable range of preferences both among and between workers and mothers.[5] There is also variation among workers in the three cities. For example, Cleveland workers are more likely to prefer institutional child care plans in contrast to care in the home. Unquestionably this variation reflects the lack of knowledge and broad range of value positions in the larger society regarding what constitutes adequate child care.

In spite of the great variation, some general trends can be summarized. There was general agreement that infants should be cared for at home. For children 3 to 5 years of age, day care facilities were frequently preferred. Workers usually preferred that school age children be cared for in after-school facilities, while the mothers were more apt to want them cared for at home during the after school hours, either by a babysitter or without adult supervision as they approached the teen years.

Worker Information and Attitudes Regarding WIN

The workers were asked what sources they utilized in finding out about the WIN program. Two-thirds of the group indicated that formal agency orientation and agency bulletins regarding WIN had been their sources of information. Other common sources of information were fellow staff members, clients, WIN publications and WIN staff. Detroit workers were more likely than caseworkers in the other two cities to be informed from WIN publications, as 29 percent gave this response compared to 2 percent in the other two cities.

The workers were asked, through an open-ended question, to indicate

5. Data on the mother's preferences are presented in detail in Chapter 6.

what they perceived to be the main purposes of WIN. As can be seen in Table 5-3, the workers emphasized job training and employment most frequently. Again, there was inter-city variation, most strikingly in regard to whether the goal of the program was employment. This variation may be the result of differences in the job market between the three cities. Differences in political conditions between the cities may explain the different perceptions of the extent to which the program's goal is to appease taxpayers.

TABLE 5-3

Purposes of WIN as Described by Caseworkers

Purpose:	Chicago	Cleveland	Detroit	All Workers
	Percent	Percent	Percent	Percent
Job training	43	72	69	61
Employment	61	58	43	54
Make people self-supporting	24	34	35	31
Get people off welfare	18	20	18	18
Provide education	26	12	18	18
Appease taxpayers	6	2	26	11
Emotional benefits	6	2	16	8
Provide work incentive	4	8	10	7
Rehabilitation	10	2	6	6
Break dependency cycle	10	2	6	6
Job counseling	2	2	8	4
N =	51	50	51	152

The workers were asked how they compared the WIN program to other Federal and non-Federal manpower programs. Their responses showed that almost the same proportions of workers thought WIN was better than other programs on specified dimensions as believed WIN was a worse program. Apparently the workers were not able to discriminate between the various manpower programs or perhaps

did not have enough knowledge of these programs. It is also possible that they do not think that the WIN program offers any major changes in society's approach to manpower problems.

Respondents also answered how successful they thought WIN was in obtaining meaningful employment. Again, there was considerable range of opinion: 7 percent responded "very successful;" 36 percent "moderately;" 29 percent "slightly;" 12 percent "not at all;" and 18 percent had "no opinion." In contrast, in response to the question, "Do you think the program is carried out in ways that are helpful or punitive to clients?", almost three quarters thought it was helpful. In Detroit, where the program was rated lowest, still almost two-thirds of the workers viewed the program as helpful.

In examining the workers' evaluation of the program, their perception of the incentive feature was elicited. Only 40 percent of the workers considered the incentive decisive or important. However, when the workers were asked how they felt clients perceived the incentive feature, 70 percent felt it was decisive or important from the clients' point of view.

The workers were also asked for their perceptions of how their supervisors and co-workers felt about the program. Sixty-seven percent indicated that their supervisors encouraged referral while the bulk of the remainder were perceived as neutral. The workers perceived their co-workers as less positive about the program. Only slightly more than half thought co-workers viewed the program positively.

To find a way to explain the workers' attitudes toward WIN, as well as their perceptions of its purposes, we assessed their knowledge of the actual operation of the program by a structured questionnaire item. As can be seen in Table 5-4, virtually every worker indicated knowledge that job counseling was available as well as job placement. However, there was very limited knowledge

of other aspects, particularly among Cleveland workers. On every item of WIN services, Cleveland workers less frequently indicated they knew of the service. A possible correlate of this finding was the evidence that Cleveland workers were under particular duress to provide referrals, and because of this 82 percent of their referrals were deemed inappropriate, often because of incorrect information.[6]

TABLE 5-4

Workers Indicating Designated Services Available from WIN

Service	Chicago	Cleveland	Detroit	All Workers
	Percent	Percent	Percent	Percent
Employment Counseling	94	90	96	93
Job Placement	90	78	80	83
Basic Education	69	48	77	65
GED Test Preparation	63	32	57	51
College Education (2 yr.)	53	34	35	41
College Education (4 yr.)*	20	6	16	14
N =	51	50	51	152

* Only service on this list not available from WIN.

The workers were asked what they saw as the two most important administrative problems in the program. Only four workers reported that there were no problems. As can be seen in Table 5-5, there were marked differences between the cities which undoubtedly reflects differing administrative arrangements. For example, in Detroit clients waited six months to a year compared to less than two months in the other cities following referral. Similarly, more Chicago workers complained of problems in medical and child care arrangements and paperwork than their counterparts. This may be due to the fact that

6. School of Applied Social Sciences, Case Western Reserve University, "A Progress Report of the Research Project on Decision-Making in WIN Program in Cuyahoga County." August, 1970, p. 4.

these types of arrangements had to be completed in Chicago prior to referral. On the other hand, Chicago workers reported fewer problems securing feedback, perhaps because the cases remained with them whereas they were transferred to special WIN workers in Detroit and Cleveland.

TABLE 5-5

Administrative Problems Identified by Workers

Problem:	Chicago	Cleveland	Detroit	All Workers
	Percent	Percent	Percent	Percent
Long waiting period	18	34	77	43
Paperwork	69	40	18	42
Delay in processing	18	28	37	28
Poor feedback	8	28	22	19
Child care arrangements	29	12	4	15
Medical procedures	24	14	--	13
WIN criteria unclear	4	12	14	10
N =	51	50	51	152

The workers were also asked what factors were likely to be the greatest barriers to the client's employability at the time of referral. As can be seen from Table 5-6, the major factor--the lack of training on the part of the clients--(if the workers' perceptions are correct), can be resolved by the WIN program. The lack of a high school diploma, another frequently mentioned factor is also within the scope of the program. However, other barriers, such as the job market, race and sex prejudice is beyond the current domain and control of the program.

Inter-city differences are also apparent. Detroit workers, for example, may find child care less of a problem than other workers because they are not required to submit a plan as part of the referral. Variation in the unemployment rate among the cities may also account for some of the difference. This

TABLE 5-6

Factors Perceived by Caseworkers as Limiting the Employability of Female AFDC Referrals

Factor:	Chicago	Cleveland	Detroit	All Workers
	Percent	Percent	Percent	Percent
Lack of training	63	60	84	69
Lack of high school diploma	65	66	73	67
Not enough jobs available	51	70	74	65
Children's care	71	68	47	62
Racial prejudice	53	40	53	49
Being a woman	39	36	51	42
Employer regards women with children as undependable	37	34	49	40
Too old	28	42	43	38
Health	29	40	39	36
Appearance	14	22	43	26
N =	51	50	51	152

may be supported by findings of the Pacific Training and Technical Assistance Corporation that reported:

> "The one significant determinant of urban WIN effectiveness seems to be the local community environment, particularly the local labor market. Varying labor market conditions have a discernable impact on WIN effectiveness, regardless of other program and enrollee characteristics. Tighter labor markets, for example, materially enhance the prospects for job acquisition on the part of WIN enrollees, while loose labor markets appear to outweigh all other factors in limiting WIN success."[7]

The relevance to the training aspect was also seen by the same researchers, who note that:

"In areas of high unemployment the demand for WIN services are greatest.

7. Pacific Training and Technical Assistance Corporation, Effectiveness of Urban WIN Programs. Report submitted to the Office of Research and Development, Manpower Administration, U.S. Department of Labor, Washington, D.C., April 6, 1971, p. 39.

> Welfare recipients are able neither to get a job on their own nor to secure other training and supplementary income in such areas. Hence, they will look to the WIN program for support . . ."[8]

Perceptions of the Referral Process

To aid in our understanding of the worker's decision making, it appeared useful to understand their perceptions of the referral process. A central issue appears to be how they view the initiation of referrals. Considerable inter-city variation was reported by the workers. In Detroit, 59 percent of the workers reported that "all" or "most" of their clients initiated referral while 48 percent of Cleveland workers and only 35 percent of Chicago workers reported that the referral process was initiated by clients.

Inquiry was also made as to whether the workers themselves received pressure to refer clients. Seventy-one percent of Chicago workers reported such pressure as compared to approximately 40 percent of Cleveland and Detroit workers. The greater pressure in Chicago was probably the result of an effort underway at the time to fill WIN program slots. (See Chapter 2, pp. 38-41.) In fact, Chicago had even established special referral teams in some of the offices of the welfare department.

The sources of pressure on workers to make WIN referrals were also identified. As would be expected within a bureaucratic structure, the workers perceived their supervisor as the main source. Because of the special pressures evident in Chicago, it was not surprising to find that 37 percent of Chicago workers listed such pressure compared to 14 percent of Cleveland workers and 26 percent of Detroit workers.

8. Effectiveness of Urban WIN Programs, April 6, 1971, p. 40.

II. The Caseworker's Referral Decisions

Two types of decisions pertinent to this study are made by caseworkers. The first may be thought of as a "people processing decision," namely the decision to refer or not to refer a client to the WIN program. The second type of decision may be thought of as a "people changing decision," and is a decision not only to change the status of a client but to change some aspect of the client's behavior.[9] In this section only the people processing decision will be analyzed; the other type of decision is analyzed elsewhere in this report.[10]

This analysis of referral decisions is presented along several dimensions. First, the factors that workers say they take into account in referring clients will be presented, along with the attitudes and other variables associated with these decisions. Second, the variations in both worker referral rates and in the quality of worker referrals will be presented and analyzed. Finally, referral decisions in response to a series of simulated case descriptions will be considered.

Factors Considered in Referral Decisions

The workers were asked in what proportion of their cases specified factors were important determinants of their decisions to refer clients to the WIN program. Workers responded to this series of questions using a five-point scale.[11] Table 5-7 summarizes these data, combining the two scale points ("all" or "most") that indicate the greatest importance of the factors in making

9. This classification of worker activity is fully explicated in Street, David, Vinter, Robert D., and Perrow, Charles, Organization for Treatment, (New York: The Free Press, 1966), pp. 3-7.

10. See Garvin, Charles, "When Welfare Workers Help: A Study of Service Decisions of Public Assistance Workers," in Volume II of this report.

11. "All," "Most," "Many," "Few," and "None."

referral decisions.

Client motivation was most frequently seen as a critical factor by the caseworkers. But since motivation may be difficult to assess, there is a good deal of variance in worker referral decisions. The nature and source of this variance will be a major theme throughout this chapter.

TABLE 5-7

Workers' Ratings of Factors Considered Important in "All" or "Most" Cases in the Decision to Refer

Factor:	Chicago	Cleveland	Detroit	All Cities
	Percent	Percent	Percent	Percent
Client's motivation	80	70	59	70
Availability of child care	85	42	67	65
Ages of children	53	50	51	51
Good training programs	78	44	25	49
Potential for job placement	73	30	18	40
Number of children	49	28	29	35
N =	51	50	51	152

The availability of child care was also a major consideration in Detroit and Chicago but much less so in Cleveland. It also was standard for many workers to consider children's ages as a decisional factor and, later in this discussion, we shall identify attributes of those workers who particularly emphasize this factor.

It was interesting to note that Chicago workers were more likely to check off a number of factors they claim to consider in "all" or "most" cases than workers in the other two cities.[12] It is possible that Chicago workers

12. The mean of the proportions of workers making such ratings in Chicago was 70 percent compared to 44 percent in Cleveland and 42 percent in Detroit.

with their high professional scores on the bureaucratic-professional scale saw it as part of their professional orientation to indicate that many factors influence their decisions.[13] A bureaucratic orientation conceivably, then, might be associated with attention to a more limited set of criteria prescribed by organizational rules.

A factor analysis was utilized to detect any underlying variables related to these referral considerations (see Table 5-8).[14] Two underlying factors were identified: one has been termed a job potential factor and the other a child orientation factor.

TABLE 5-8

Factor Loadings of Variables Considered in Making WIN Referrals[15]

Job Potential Factor		Child Orientation Factor	
Variable:	Loading:	Variable:	Loading:
Client's motivation	.68	Ages of children	.80
WIN's potential for job placement	.80	Availability of child care	.58
Good training programs	.85	Number of children	.81

Factor scores were then computed for each caseworker in order to ascertain what variables would predict high and low scores on each factor. In other words, the objective was to determine what attributes differentiate caseworkers who are likely to consider child concerns in making decisions on referral as against those who consider job potential. Analysis of these factors by the variables

13. See above, p. 79.

14. The question from which these data are derived reads, "In what proportion of your cases were the following important determinants in your decision to refer ADC mothers to WIN?" The determinants were: a) number of children; b) ages of children; c) client's motivation to work; d) availability of child care; e) WIN's potential for job placement; and f) good training programs available through WIN. All were rated as follow: "All," "Most," "Many," "Few," "None," and "NA."

15. From varimax rotated factor matrix (normalized solution). For further explanation, see A. N. Lawley and A. E. Maxwell, Factor Analysis as a Statistical Method (London, England: Butterworth & Co., 1963).

available in the study proved that only modest amounts of variance could be explained. However, because these factors were considered important dimensions underlying the decision to refer women to job training programs, a computer program that would pick the best predictive variables was employed. Even these findings are only tentatively considered; in each case the analysis shows a complex set of interrelationships between variables exists.

The computer program used is entitled the Automatic Interaction Detector (A.I.D.)[16] This is a computer program that has proven useful in studying interrelationships among several variables. In this case, the object is to see which variables predict towards the presence of one of these two factors. One of the basic statistical questions answered by the A.I.D. program is: "Given the units of analysis under consideration, what single predictor variable will give us a maximum improvement in our ability to predict values of the dependent variable?" By regarding one of the variables as a dependent variable, the analysis employs a non-symmetrical branching process, based on variance analysis techniques, to subdivide the sample into a series of subgroups which maximize one's ability to predict values of the dependent variable. Linearity and additivity assumptions inherent in conventional multiple regression techniques are not required. The computer program, called AID, works in the following way:

> "The sample is divided, through a series of binary splits, into a mutually exclusive series of sub-groups. Every observation is a member of exactly one of these sub-groups. Each variable in the sequence is 'chosen' by the computer according to its ability to 'account for more of the total sum of squares (reduce the predictive error)' than any other variable available for being introduced."[17]

The computer program attempts "to prevent groups with little variation

16. For details of this approach, see Sonquist, J. A. and Morgan, J. N., The Detecting of Interaction Effects, Survey Research Center Monograph, No. 35, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, 1964.

17. Sonquist and Morgan, p.4.

in them, or small numbers of observations, or both, from being split." That variable accounting for the greatest amount of the variation is selected, provided that it meets a criterion of statistical significance tested by the computer, and that this variable contains more than a specified minimum number of cases (so that further splits will be credible and have sampling stability as well as being able to reduce the variance in the sample.)[18] When there are no more useful or statistically supportable variables that can be entered, the process terminates. In the AID runs used in this chapter, the minimum final group size of one of the splits was 20 and the minimum variance to be explained by any split was set at 2 percent.

In examining predictors of worker referral considerations, a series of cross-tabulations was examined between the dependent variable (i.e., factors regarding referral considerations) and all theoretically relevant worker attributes. Where statistically significant rank order correlations were found, the variable was retained for the AID analysis. Initially, the following variables were chosen:

a. How long the worker had been employed;
b. How long the worker expects to remain with the agency;
c. The proportion of clients with negative feedback according to the worker;
d. The degree of discretion in decisions the worker has with a supervisor;
e. The effects of the program on clients as perceived by the caseworker;
f. The success the worker perceives the WIN program is having in securing employment;
g. Worker's sex;
h. Worker's race;
i. Worker's age;
j. Worker's ratings on (1) a professionalism scale defined as the tendency to give priority to client problems over agency policy, (2) a welfare radicalism scale defined as an emphasis on institutional rather than individual sources of poverty, and (3) an

18. Sonquist and Morgan, p. 5.

alienation scale defined as low commitment to one's job.[19] Not all of these predictors appear in the analysis because splits in the sample were not developed if the resulting groups fell below a specified size or failed to add to explained variance by a specified amount.

Concern for Job Potential in Referrals

It will be recalled that this factor was composed of the workers' responses to three items concerned with referral of AFDC mothers to WIN: (1) client's motivation to work; (2) WIN's potential for job placement; and (3) good training programs available through WIN. The workers who indicated they considered one of these were likely to respond the same way to the other two, and workers who were less likely to consider one of these were likely to respond in a similar manner to the other two items. Because of an artifact in the scores used, the program computed higher scores to workers with less concern for these items, and this must be remembered in examining the subsequent table. Mean scores for the predicting sub-groups of this factor range between 324, a high concern, and 427, a low concern.

Table 5-9 shows the sub-groups formed from the "binary splits" process. The mean score for the total group is 365 and provides a benchmark to examine sub-groups. The main splits occurred on the variables of sex, age and race, and these predictors seem intuitively logical. The sub-group with the highest score is white women, 26 or older (7). This group has the lowest concern for the job potential in referral. It could be argued that older white women would

19. The professional orientation scale and the welfare radicalism scale were developed by Sumati Dubey. See Dubey, Sumati N. and Hardcastle, David, "Professional Welfare Orientation and an Attitude of Work Alienation Among Public Welfare Workers," School of Applied Social Sciences, Case Western Reserve University, Cleveland, Ohio, no date, mimeo. The alienation scale was developed by George Miller. See "Professionals in Bureaucracy: Alienation Among Industrial Scientists and Engineers," American Sociological Review 32(October,1967): 755-68.

TABLE 5-9

Mean Scores of Predictive Sub-Groups on Factor Called "Concern for Job Potential"

Sub-Group No.	Sub-group Description	N	Mean Score on Factor* (Higher the score, lower the concern)
1	Total group	116	365
2	Men	31	324
3	Women	85	380
4	Women, 25 years old or less	40	353
5	Women, 26 years old or older	45	404
6	Women, 26 or older, black	20	375
7	Women, 26 or older, white	25	427
8	Women, 25 or less, employed less than one year	21	404
9	Women, 25 or less, employed one year or more	19	296

* Low mean score indicates high concern. Scores listed here are derived from the formation of the factor. They are listed here only to show the order of difference between the groups.

give thought to a wider range of factors when referring women than just the job and especially consider women in their traditional roles as homemakers. On the other hand, men generally give this factor more consideration in referral. (Because there were only 31 male caseworkers in the sample, there are no further subgroups including them.) However, the greatest concern for the job potential in referral comes from a small group of women, under 25 years of age and employed one year or more in the agency (9). This small group may be unlike other women workers because of a strong cohort effect--women who are young today are more aware of the labor market and have less concern about traditional female roles. When comparing this group with group (8)--young women also--but with less time in the agency, the concern for job potential is markedly less. Perhaps agency socialization or simply less work experience leads to greater concern with job potential.

Concern for Children

As described earlier in this report, this factor included the frequency with which workers considered the following items in WIN referrals: (1) the number of children in the family; (2) ages of children in the family; and (3) availability of child care. Mean scores of the predicting sub-groups of this factor range between 240, a low concern, and 350, a high concern. Table 5-10 sets out the sub-groups that arise from this AID run.

TABLE 5-10

Mean Scores of Predictive Sub-Groups on Factor Called "Concern for Children"

Sub-Group No.	Sub-group Description	N	Mean Score of Factor (High score, high concern)
1.	All workers	113	295
2.	Welfare conservatives*	44	266
3.	Welfare radicals	69	313
4.	Welfare radicals, alienated**	55	325
5.	Welfare radicals, non-alienated	14	267
6.	Welfare radicals, alienated, bureaucratic***	24	293
7.	Welfare radicals, alienated, professional	31	350
8.	Welfare conservatives, employed less than one year	11	335
9.	Welfare conservatives, employed one year or more	33	243

* Welfare conservative--radical scale was developed from attitudinal items about the causes of poverty. Conservatives see causes in the individual and radicals see them in the society.

** Work alienation scale identified whether workers have a feeling of pride and satisfaction in their job.

*** Professional-bureaucratic scale was described on p. 79, this chapter.

Unexpectedly, sex and age do not show up as strong predictors of "concern for children." Other variables become more salient. The lowest concern for child care was shown by welfare conservatives who had been in the agency

more than one year (9). Here the combination of a belief that the source of blame for a person's situation lies in the person and not society, together with more than one year of agency socialization produces a very low "concern for children" in referrals. Welfare conservatives with less than one year in the agency had much higher concern. Agency socialization, presumably, does not inculcate consideration of factors of greatest concern to substitute child care.

The sub-group with highest concern for child care is Group (7). These are workers who are welfare radicals, who felt alienated from the agency, and who rejected bureaucratic values. Thus a complex set of interrelated values appears to lead to child concerns. Further consideration is not warranted because of the smallness of the groups.

Referral Decisions as Manifested in Referral Rates

A referral rate was generated for each worker by dividing his number of referrals by his caseload size. The resulting distribution had a wide range, with eight workers who referred less than 5 percent of their caseload to 12 workers who indicated they referred their entire caseload.[20] The median referral rate was 30 percent of the caseload, and the mean rate was 33 percent. Predictors of the referral rate were again generated by an AID program. Variables used in this program were chosen as before, from an examination of cross-tabulations between referral rates and worker attributes. Variables of interest were race, age, alienation, expectation to remain in the agency and the perception that client felt negative towards their referral to WIN.[21] Table

20. The workers who had been employed less than six months (44 workers) were eliminated from this analysis because it was assumed their referral rates might be an artifact of their tenure.

21. This variable is derived from the question, "What proportion of these clients seemed to have more negative than positive feelings about being referred to WIN? Over half? 25%-50%? Less than 25%?"

5-11 depicts the sub-groups.

TABLE 5-11

Mean Referral Rates of Predictive Sub-groups on Workers Employed Over 6 Months by Worker Attributes

Sub-group No.	Sub-group Description	N	Mean Referral Rate
1	All workers	90	33
2	White	53	26
3	Non-white	41	37
4	Non-white, clients did not react negatively	16	30
5	Non-white, clients did react negatively	21	50
6	White, alienated	39	22
7	White, non-alienated	14	40

The workers who had the highest referral rates were non-whites who had clients who reacted negatively. One explanation of this finding may be that non-white staff are particularly sensitive to any program to enhance the economic well being of the largely non-white clientele. It is difficult to account for their higher rate of negative feedback unless one assumes that higher referral rates inevitably will lead to the probability that some negative responses will be found among the clients referred.

The next highest referral rate was found among the white workers who were not alienated from their agencies. It may be assumed here that these workers were primarily following agency guidelines for referrals.

The lowest referral rate was found in alienated white workers. The alienation might be associated with an unwillingness to do extra work or to follow agency directives. In either case, low referral rates would result.

Decision Making in a Series of Simulated Cases

The workers were presented with five short case descriptions. They were asked whether or not they would refer the client to the WIN program, whether

or not such factors as child care, motivation or work skills were reasons for or against referral, and what the strongest determining factor was in their decision. In analyzing worker responses, the following issues will be dealt with:

1. What specific circumstances were considered to warrant referral or non-referral?
2. Among a given series of decision variables, to which ones are the workers likely to give greater weight?
3. What kind of decision is the worker likely to make considering the nature of the case?
4. What kinds of attitudes are associated with the decision to refer clients with particular characteristics?

The Type of Circumstance Warranting Referral or Non-Referral

In the simulated cases, the descriptions of each client included variations in the following dimensions: client's schooling; age; age of children; number of children; availability of child care; years receiving AFDC; marital status; work history; and motivation to work. Some comments were included also on emotional problems of several clients. The caseworkers in the sample were asked whether or not any of these characteristics were reasons for or against referral.

1. Number of Children

Three of the clients had two children, one had four children and one had five children. Only six workers in the entire sample saw two children as a reason against referral; however, about 40 percent of the workers saw four or five children as a reason against referral.

2. Age of the Youngest Child

One of the mothers had three preschool children (five years old or younger); one had two; and two had one preschool child. Forty-five percent of the workers thought that even one such child was a reason against referral, 47

percent thought two was a reason, and 58 percent of the workers thought that three preschool children was a reason against referral. The number of preschool children did not raise the non-referrals; the presence of one such child would prevent almost half the workers from making the referral.

3. Availability of Child Care

A substantial proportion of the workers were concerned about child care arrangements in two of the simulated cases. One mother had four children, three of whom were five or under. She did not have anything in mind for child care but hoped "something could be worked out." Sixty-four percent of the workers indicated that her child care arrangement was a reason against referral. In contrast, 18 percent said this circumstance "made no difference" in their referral decision.

In another case, the mother had two children, aged six and three. She thought her neighbor would be willing to care for the preschool child all day and the other child after school. It was noted that this person "already had her hands full with her own kids." Fifty-seven percent of the workers thought this circumstance was a reason against referral. Of the other three clients, one would have her sister care for her children, and two would use their mothers. In the first case, 14 workers saw this plan as a reason against referral, but in the two cases where the client's mother would provide care, only four and five workers, respectively, saw this as a reason against referral. Of interest here is that workers seem to display a passive stance toward child care. It is as though the presentation of a poor child care plan is an unalterable fact. It might be argued that the mother's presentation of a poor child care plan would be the basis for worker-client action to plan more adequately rather than the basis for non-referral. It is true that the simulations did not permit this last alternative.

4. Client's Age

One of the clients was 44, and 33 percent of the workers saw this as a factor against referral. In the other cases, age was only a very minor consideration in referral decisions.

5. Client's Personality

The workers were asked whether there were personality characteristics which would militate against referral. In three of the cases a substantial proportion of the workers indicated there were such characteristics. In one case, 63 percent of the workers thought the client's personality characteristics should prevent referral. Fifty-four percent thought the personality characteristics of the second case should also prevent referral.

The third mother was deemed inappropriate for referral on the basis of personality factors by 37 percent of the workers although no direct reference to her "personality" was made in the vignette. It was merely noted that she had felt handicapped by lack of a high school education and that she had no interest in returning to work. In two other cases, a few workers thought personality characteristics were reasons against referral. In neither case was any personality reference made, although in one case the mother's concern about what would happen to her children while she worked was indicated.

6. Work Skills and History

In considering two of the case histories, a sizable minority of the workers thought that the lack of work skills of the client were reasons against referral. In one of these cases, the mother had worked only in domestic service, 34 percent considered her lack of work skills as a reason not to refer her to WIN. In the other case, the client had been a waitress, and 26 percent similarly viewed this case. Twenty percent of the workers thought a woman who

had been an unskilled factory worker similarly lacked sufficient skills. By contrast, only a few workers thought a woman who had been a typist or a clerk-typist lacked adequate skills.

Thirty-nine percent thought that the woman who had been a waitress also had the kind of work history (fired for theft) which would be a reason against referral. In general, the workers who emphasized work skills as a reason for or against referral also emphasized job history. This might suggest that the kind of information given in the vignette did not enable a discrimination between these two areas. These findings do point up some deficiencies in understanding WIN, in that over one-third of the caseworkers seem not to understand one of the main objectives of the WIN program, i.e., to raise the employability of ADC clients.

7. Motivation

In one of the vignettes, a client stated that she had no interest in work and felt her three preschool children needed a full-time mother. Sixty-six percent of the workers thought her motivation was a reason against referral. In another case, seventy-eight percent of the workers checked "motivation" as a factor against referral for a client who thought she was entitled to be a full-time mother. One of the mothers stated she did not know whether she wanted to work or not, and 25 percent of the workers believed that her motivation was a reason against referral.

In summary, when case vignettes illustrated clients who had large numbers of children or preschool children, half the workers considered these factors reasons against referral, whereas the other half would not regard them as barriers to referral. Child care arrangements presented by mothers seem to be

accepted as unalterable facts, in that inadequate arrangements are considered as reasons against referral. Clients' age only becomes a reason for non-referral in the mid-40's.

As regards work skills, most workers see poor work skills or poor work history as reason for referral but over one-third see them as reasons against referral. This accentuates the fact that a sizable number of referring workers do not understand the central objective of WIN--to improve the employability of ADC clients. Motivation remains the factor given greatest consideration in referral, and its deficiency the strongest reason for non-referral.

Weight Given to Client Circumstances

A tabulation was made of the workers' modal responses to strongest reasons for or against referral. In three cases, the workers indicated that client motivation was the strongest indication for referral; in one case the factor was the availability of child care; in the other case it was the client's work skills. Where child care was the modal factor, the client indicated her sister could provide this. Where it was work skills, the client had worked as a typist.

In examining the strongest reasons against referral, it was found that in two cases client motivation was the major reason against referral; in one case child care arrangements; and in one case client personality. In the fifth case, one that was created to illustrate the most favorable circumstances for referral, most workers could not select a reason against referral. When child care was given as the major reason, the client planned on using the help of a neighbor who "already had her hands full." In the case where personality was given as the major barrier, the client had had recent hospitalization for depression and an attempted suicide.

Referral or Non-Referral of Clients in the Simulated Cases as Related to Decision Variables and Worker Attitudes

We will now describe the proportion of workers who would or would not refer each of the clients simulated and which of the variables described thus far the workers thought were indicators for or against referral. It will be recalled that in the simulations, referral options other than WIN were presented for workers' choice and the choices made are included in the data below. (Workers could refer a client to more than one program in these simulated cases.)

1. Client A

This is a client with five children, three aged five or younger. She has been receiving AFDC for 10 years and her only employment was as a domestic. She has no interest in returning to work; she would use her sister for child care.

Thirty-three percent of the workers indicated they would recommend this client for the WIN program. Less than 15 percent of Chicago and Detroit workers would refer her to a welfare rehabilitation program (that is, a work-training program within the Welfare Department) and 57 percent would refer her to Basic Adult Education. The strongest reason for referral was her access to child care and the strongest reason against referral was her motivation. The passive stance toward child care and importance of motivation is illustrated here.

2. Client B

This is a client with four children, three aged five or younger. All her children are illegitimate. She had had an earlier institutionalization for sex delinquency and a recent one for depression and a suicidal attempt. She worked as a waitress and was discharged for stealing money. She is,

however, interested in securing training and getting off AFDC. She has no clear child care plans. Fifty-nine percent of the workers indicated they would refer her to the WIN program. Twenty-two percent would refer her to welfare rehabilitation, and 59 percent would refer her to Basic Adult Education. The strongest reason for referring her was her motivation, and the strongest reason against referral was her "personality."

3. Client C

Client C has two children, ages seven and eight. She began to receive AFDC because her husband had gone to prison on a charge of "grand larceny." She had subsequently divorced him. She has a high school education and has worked as a clerk-typist. She appears to be motivated to return to work and her child care plan calls for her mother to care for the children after school.

Most workers (84 percent) would refer this woman to the WIN program. Twenty-seven percent would refer her to welfare rehabilitation and 20 percent would refer her to Basic Adult Education. Her motivation was seen as the strongest reason for referral, and the preponderance of the workers could see no reason to oppose her referral. Only two workers saw any reason that she should not be referred.

4. Client D

This client also has only two children, but one of them is of preschool age. She has been an unskilled factory worker after leaving high school in the tenth grade. She secured assistance from the AFDC program when she was deserted by her husband. She then remarried and subsequently has had her second child. She is uncertain about desiring employment, but she would like to "get off" AFDC if she could be sure about child care arrangements. She has considered a neighbor for this who "already has her hands full."

Seventy-two percent of the workers indicated they would refer this client to the WIN program. Seventeen percent would refer her to welfare rehabilitation and 54 percent would refer her to Basic Adult Education. The factor most in favor of this referral was her motivation and that most against her referral was her child care plan. Again, there is a passive stance toward child care and an emphasis on motivation.

5. Client E

This client is described as a bright, articulate woman with two children, one of whom is of preschool age. She and her husband are separated and his support is undependable. Her second child is illegitimate. She is a high school graduate and has been employed as a typist. She sees herself as employable and she notes that her mother, who lives in her building, could provide child care. She states, "No one has the right to force me to work," and she would like to be a full-time mother.

Forty-two percent of the workers would refer this woman to the WIN program. Nineteen percent would refer her to welfare rehabilitation and 11 percent would refer her to Basic Adult Education. The workers saw her job skills as the major reason for referral while they saw her motivation as the major reason against referral.

Chapter 6

From the Client's Perspective

In this chapter we shall present data collected through interviews with AFDC mothers at two points of time, immediately after referral to WIN (Time 1) and eight to ten months later (Time 2). These data will, hopefully, shed light upon factors influencing the women's decisions, upon their decision-making processes and their assessment of decision outcomes. Our primary concern will be with decisions relating to the client's entry into the program, to her career in the program, to her child care arrangements and to her participation in the labor force.

Personal Characteristics of the Client Sample

At the point of referral to the WIN program the AFDC mothers in the combined sample (N=318) ranged in age from 17 to 59. The median age was 32 years. Seventy-four percent of these mothers were between 20 and 40 years of age. In Detroit, mothers of preschool children were seldom referred, but this did not obtain in Cleveland or Chicago. Consequently the women in the Detroit sample were older; their median age was 38 and only 58 percent of them fell into the 20-39 age range. In comparison, the median age of the Cleveland subsample was 27, with 90 percent in the 20-39 age bracket. The corresponding statistics for the Chicago subsample were 30 years and 85 percent.

Ninety percent of the total sample were black, with only 7 percent white and 3 percent Latin American. The major city variations were the proportion of whites in Cleveland (16 percent) and the concentration of Latin Americans in the Chicago subsample (6 percent).

These AFDC mothers were primarily separated from their husbands

(42 percent), single (27 percent) or divorced (22 percent). Only 6 percent were married and 3 percent widowed.

Almost all of these women had some high school education (89 percent), but only 32 percent of them had completed high school. Five percent had some college. Although the Detroit subsample consisted of older women, they were not less well educated as one might expect. The median number of years completed in school across all three subsamples was 11. Twenty-eight percent of these women were attending school, basic education primarily, at the time of referral to WIN.

While the majority of the sample (68 percent) were not born in the cities in which they currently reside, they are certainly not newcomers to these metropolitan areas. Eighty percent have lived in these three cities for 11 years or longer. Fewer than 2 percent have been residents for less than three years.

On the average, these women have received public assistance for approximately three years. Both the mean and the median length of time on welfare fall between three and four years. The older Detroit subsample have been on welfare longer (median = 5.5 years) than the other subsamples (median for Cleveland and Chicago = 1.5 years).

Almost 90 percent of the women in the total sample have been employed at some time. Eighty-eight percent had held at least two jobs and 60 percent, at least four. Of those who have a job history, 25 percent have been unemployed for less than a year and 58 percent for less than two years. The mean and median numbers of years unemployed are between one and two years, although this period is longer (3-4 years) for the Detroit subsample. While only 12 percent of the Chicago women and 5 percent of the Cleveland women with a job

history have not worked in nine years or more, 27 percent of the Detroit women have been unemployed this long.

Program Entry Decisions

Although the caseworker normally decides whether or not to refer a client to WIN, it is the client herself who must decide whether or not to enter the program. It can be argued that the client has little or no real choice in the matter (even if she is considered to be a volunteer) since she may accept her referral as an event over which she has little control. Nonetheless, she must make a decision to report or not to report to the WIN office, regardless of the constraints she may feel imposed upon her.

Initial Attitudes and Expectations

We assume that the client's decisions about entering WIN (as well as her subsequent decisions about participation) are influenced by her initial attitudes and expectations in respect to the program. For example, does the typical client view the program in a positive light, as an opportunity for self advancement? Or does she see it as an effort to force her into the labor market against her will?

On the whole, the client's initial reaction to the program seemed quite positive, if we can be guided by their statements to our interviews. Almost three-fourths of the respondents (in response to a multiple choice item) said they were "very pleased" (the most positive choice) at having been referred to WIN and an additional 17 percent picked the next most favorable response, indicating they were "pleased" at the referral; 7 percent gave a neutral response and only 2 percent indicated they were displeased. There were only minor inter-city differences on this item.

While the findings suggest that the clients reacted quite positively to referral to WIN, one must keep in mind that the clients' responses may have been influenced by their desire to please the interviewer (whom they probably identified with the "establishment," if not with WIN itself). Such social desirability effects are probably a constant source of error in using self-reports of public assistance clients who may be understandably reluctant to say anything that might jeopardize their economic life lines.

That the clients' reactions may have been less positive in actuality, gains credence from the caseworker data. Almost half the caseworkers in our sample reported that at least some of their clients reacted negatively to referral to the WIN program. One would have expected, therefore, a much larger number of clients to have expressed displeasure at referral, even taking into account the possibility that some caseworkers may have overestimated the incidence of negative client reactions. On balance, it seems reasonable to say that clients' reactions to referral were positive overall, but probably less positive than the clients' responses themselves would suggest. In Table 6-1 are presented data obtained from open-ended questions on clients' hopes and anticipations in respect to WIN prior to their entry into the program. What the clients hoped would come about as a result of their participation in WIN is compared with what they anticipated would actually happen. Although the categories are not mutually exclusive, clients were able to give more than one response. Hence a client who hoped she would receive job training and a job and be able to get off welfare as a result of her involvement in WIN would appear in these categories.

We are first struck by the very high percentage of clients (73

Chapter 6

TABLE 6-1

Clients' Hopes and Anticipations in Respect to WIN*

Clients' Hopes	Hope Will Happen	Anticipate Will Actually Happen
	Percent	Percent
Get off welfare--be independent	28	19
Get job training	41	47
Get a job	73	59
Get an education	15	11
Other	20	33
Number of clients responding	304	270

* Data presented in this table, and in the chapter as a whole, generally exclude categories of "no response" and "non-applicable."

percent) who hope to obtain a job through WIN. This finding, which is consistent with other data to be presented at later points, suggests that the clients' goals were consonant with the immediate objectives of the program. Only 28 percent of the clients expressed hope that they would "get off welfare," although we must keep in mind that clients who hoped to get a job through WIN may have expected that employment would eventually lead to economic independence. Still it seems reasonable to conclude that the immediate goal of getting a job, rather than the more remote goal of "getting off welfare," was uppermost in the clients' minds.

When the clients' hopes are compared with their anticipations, some interesting findings emerge. The percentage of women who actually expect to get a job is much less than the percentage of women who hoped to get one,

while a somewhat higher percentage of women anticipate they will get job training than hoped they would. To some extent the respondents seem to be forecasting what will probably be their fate in WIN--job training but no jobs. Also we note that the percentage of women who expressed hope that they would get off welfare is larger than the percentage who indicated an anticipation that they would become economically independent.

Some retrospective data on initial expectations obtained at Time 2 shed some further light on the clients' orientation toward the program at the point of entry. During the second interview, clients were asked "what they had wanted most from WIN when they had entered the program." As in the earlier set of questions most women gave more than one codable response. We find that their recalled aspirations at Time 2 differ considerably from their expressed hopes at Time 1. Whereas 73 percent expressed hopes of getting a job through WIN during the initial interview, only 40 percent said, at Time 2, that a job was what they had originally wanted. Job training and education loom as more important initial aspirations in the Time 2 than the Time 1 data. At Time 2, 52 percent of the women said they had originally wanted job training and 30 percent, education.

At Time 2 very few women said that what they had wanted most at time of referral was to get off welfare. Five percent (included in the group who said they had wanted jobs) indicated they had hoped to get a job that would pay them enough so they wouldn't need welfare, but that was as closely as the respondents came to expressing a hope that was verbalized by over a fourth of them at Time 1.

These discrepancies can hardly be accounted for by sample attrition or by differences in the wording of questions, although these factors may have

played a part. A more likely explanation is that the respondents' reconstruction of their initial aspirations was affected by their actual experiences in the program and perhaps by their greater knowledge of what may lie in store for them in WIN. If so, one could argue that the clients' initial hopes, while perhaps giving a true picture of what the clients felt before entering the program, proved to be rather malleable. As it turns out, their aspirations seemed to be shaped toward the instrumentalities of the program--training and education--rather than toward its immediate and long run objectives, job placement and exit from welfare.

As might be expected, the overwhelming majority (78 percent) of the 318 clients referred to the program viewed the caseworker as having referred them. But when asked an open-ended question* about why they were referred, over half the clients (51 percent) indicated that they had "requested" WIN or some type of educational or training program that WIN was able to provide. The remainder gave responses which for the most part attributed the impetus for the referral to the welfare agency. As Table 6-2a and 6-2b indicate, the clients' perception of responsibility for the referral decision varied both according to city and reaction to the referral.

TABLE 6-2a

Perception of Responsibility by City

	Chicago Percent	Detroit Percent
Requested WIN	42	58
Did not Request WIN	58	42
N =	86	92

$\chi^2 = 3.80$ $p < .05$ 1 d.f.

TABLE 6-2b

Perception of Responsibility by Reaction to Referral

	Very Pleased Percent	Remaining Categories Percent
Requested WIN	55	38
Did not Request WIN	45	63
N =	129	48

$\chi^2 = 3.63$ $p < .10$ 1 d.f.

* Since this question was not asked in Cleveland the data pertain to the Detroit and Chicago samples.

These findings should not be interpreted to mean that as many as half of the clients in Detroit and Chicago sought out the caseworker with a request to be referred to WIN or a program like it. Caseworkers generally sought out the clients (78 percent of the clients in the three cities said they first heard about WIN from their caseworkers). It is likely that many clients, particularly those favorably predisposed toward WIN, reacted positively to their caseworkers' explanation of the program and said, in effect, that it was something they would like.

Although it seems as if a sizable proportion of clients wanted to be referred to a program like WIN, it is not clear from the data we have presented how much choice they thought they had about the referral. In many situations people may really want (or think they want) something they are going to get regardless of their wishes.

One question to be asked is: Did the women referred think they had any real choice in this decision outcome? Another, and perhaps more trenchant question is: What repercussions did they think might follow if they did not accept the caseworker's referral decision?

These questions are at the center of one of the most controversial issues in WIN, whether or not ADC mothers should be "voluntary" participants in the program. The legislation is subject to various interpretations and policies differ from program to program. The issue is complicated by the economic dependency of the mothers on the referring departments of welfare. Mothers may feel they have no right of choice, or be reluctant to exercise it, even though their participation may be theoretically voluntary.

The answer our data provide to the first question is that three-fourths of the mothers thought they had a "choice" about the referral;

a fifth thought they did not, and the remainder didn't know. Their answers to the second question are perhaps more revealing. Less than half (44 percent) thought "nothing would happen" if they refused to enter the program. The majority (56 percent) foresaw some pressures or penalties being brought to bear if they did not participate in WIN. The largest single group--one quarter of the entire sample--thought they would be taken off ADC altogether, a fairly drastic penalty considering their reliance on the program for the economic support of themselves and their children. An additional 11 percent feared their check would be cut or withheld. Thus, well over a third of the sample foresaw economic penalties if they did not cooperate. The remaining clients who thought there would be repercussions--20 percent of the sample--had opinions varying from, "I would be put into WIN anyway," to "They would try to talk me into it."

Different categories of response to this item were assigned numerical values to form a single scale to measure the clients' perceived autonomy in deciding whether or not to accept referral to WIN. The highest weight was assigned to responses indicating that "Nothing would happen;" the lowest to responses suggesting what was judged to be the most dire consequence--being cut off ADC. This scale was correlated with a range of other variables to determine factors that might be associated with the clients' sense of autonomy in respect to this particular decision. Although none of the significant* r's was of great magnitude (.16-.37) an interesting pattern emerged. The women with the greater sense of autonomy tended to have lived longer in the city, to have a greater sense of control over their environment, to have been unemployed less, to be more satisfied with child care arrangements and to be more willing to leave their children to participate in work and training programs.

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* Unless otherwise specified the significance level used in this chapter is, $p < .05$, two-tailed.

These associations suggest that the women who viewed their choice as relatively unrestricted were perhaps more urbanized, more self-confident and possibly more work-oriented.

The Enrollment Decision

The next set of program entry decisions concerns the client's enrollment in the program. The referred client must be accepted by WIN and the client herself must decide to make the effort necessary to become enrolled in the program. She must, usually, report to the WIN office for an interview and complete the necessary forms. Although the client may have accepted, or even initiated the referral, she may decide not to enter the program for one reason or another.

Data on the client's status in respect to WIN at Time 2 (eight to ten months after the initial interview) are presented in Table 6-3. Of particular interest at this point are the 77 clients who were referred to the program but never enrolled. As can be seen from the table, the great bulk of the non-enrollees, 56 of the 77, come from Detroit. As noted in Chapter 2, the Detroit WIN program was less able to absorb new referrals than the other two programs, accounting in large part for its disproportionate share of the non-enrollees.

TABLE 6-3
Enrollee WIN Status at Time 2 by City

Status	N	Chicago Percent	Cleveland Percent	Detroit Percent	Total Percent
Never Enrolled	77	16	9	54	29
Dropped Out	50	29	24	8	19
Still in WIN	122	46	62	38	47
Finished WIN	12	9	5	--	5
N =	261*	94	63	104	261

* The total number of clients reinterviewed at Time 2. Reasons for panel losses (318 to 261) are given in Chapter 4.

Reasons for not enrolling elicited from the women during the second interview suggest, however, that non-enrollment was not simply a function of over-loaded intake. While the greatest proportion of the non-enrollees (38 percent) cited "Never heard from WIN" as the reason for their status, a quarter of this group indicated that they had "Heard from WIN" but were "Unable to go at the time," a quarter said they could not enroll because of health reasons (including pregnancy) and 12 percent cited child care problems. Only 16 percent indicated they did not enroll because they had found a job on their own.[1]

These data suggest that a combination of factors--the program's inability to absorb referrals, disinclination to participate on the part of some women and "realistic" obstacles, such as health and child problems--largely account for non-enrollment in the sample. The second of these factors, lack of willingness to participate, is not directly revealed by the data--in fact, not one of the women said flatly that she refused to participate. It is possible, however, that some of the women who indicated that they were "Not able to go at the time," as well as some citing health and child care reasons were expressing a lack of interest in the program. (That many WIN enrollees do not respond to letters asking them to come in for enrollment interviews supports this interpretation.) One would expect that this factor would interact with the "intake overload" factor. A long delay between referral and enrollment might tend to attenuate whatever initial interest in the program the enrollee might have had at point of referral; also if there were more referrals than could be handled, there would be less inclination to pursue the resistive client. Nevertheless, we did find the great majority of women who had never enrolled (82 percent)

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[1] Since the women could give more than one reason, the percent totals exceed 100.

said they were still interested in entering the program, generally for the same reasons they gave in the first interview, although there is no way of determining the strength of their interest in relation to various perceived obstacles--health, child care and so on--that might stand in their way of participation. If one assumes that some of these women are still strongly motivated to enter the program, one wonders why they have not been able to, through a period of eight to ten months following their referral, particularly since 62 percent of the non-enrollees could give no reason why they would not be able to enter the program.

Decisions About Program Careers

By the time of our second interview, the enrollees who were still in (or who had completed) WIN had been in the program a mean of 35 weeks. Enrollees who had dropped out had spent a mean of 21 weeks in the program. Continuers and completers in the Chicago and Cleveland programs had been in the program somewhat longer (37 weeks) than clients in the Detroit program (30 weeks). Only 11 percent of the enrolled sample (including drop outs) had less than 12 weeks of program exposure.

These data may be compared with the average length of stay of female enrollees in WIN programs as a whole. According to one nationwide study,[2] female enrollees who terminated from WIN in fiscal 1970 had spent a mean of 32 weeks in the program. The comparable mean for our group (combining drop outs with continuers and completers) would be 32 weeks. Thus the cohort as a whole had spent about as much time in WIN as was spent on the average by female clients in WIN programs generally.

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[2] Analytic Systems Incorporated, Analysis of WIN Program Termination Data (Fiscal Year 1970). Report prepared for the Office of Policy, Evaluation and Research, Manpower Administration, U. S. Department of Labor, May 1971.

Data on the length of time our respondents spent in the program are of interest here largely as a means of putting subsequent findings in proper perspective. A more important question is how did the respondents spend this time? It is to this question that we shall now turn.

The Enrollees' Program Experiences

The data presented in Table 6-4 provide a picture of the kind of major program experiences enrollees had received up to the time of our second interview. These data were drawn from WIN records (notices of status change).

TABLE 6-4

Enrollee Experiences with WIN Program by City
(Source of Data: WIN Records)

PROGRAM EXPERIENCE	Chicago Percent	Cleveland Percent	Detroit Percent	Overall Percent
Educational Components Only	39	31	33	35
Job Training Components Only	38	19	12	26
Both Education and Job Training Components (in sequence)	7	6	2	6
Received Neither Education nor Job Training	15	44	52	33
N =	79	54	42	175

$\chi^2 = 25.20$ $p < .01$ 6 d.f.

Certain facts in Table 6-4 are of particular interest. First we note that the majority of enrollees who were placed in a program component received some form of education, usually at the elementary or high school level. This emphasis on remedial education in WIN has been, of course, a source of concern to some manpower policy makers who think that the stress in programs like WIN should be on job training and placement.[3] Second, the proportion of enrollees (33 percent)

3. U.S. Congress, House, Committee on Ways and Means, Work Incentive Program--Survey of Selected Welfare and Employment Service Agencies (January 1970), 91st Cong., 2d sess., 1970.

who had not yet been placed in either an educational or job training component is high; in fact, in Detroit and Cleveland more enrollees fell into this category than any other. These enrollees were reported as being in various categories of "hold," usually after the orientation phase. While this slowness of pace may be attributed to such factors as insufficient manpower in the WIN program to handle the case volume, still the fact remains that a large proportion of enrollees were still not in rehabilitative programs after an average of 35 weeks in WIN.

Finally, the inter-city differences are of interest. In addition to the fact already alluded to that the Chicago enrollees were more likely to be in rehabilitative programs, we see assignments to educational and job training components are more evenly divided in Chicago than in the other two cities. The explanation for this is not clear, although from data previously presented (p. 110) there is no reason to suppose that Chicago enrollees were at a higher educational level and hence in relatively less need of educational programming. Possibly there were more training programs available in Chicago or, perhaps, greater administrative emphasis was placed on this component in Chicago than in the other two cities.

To obtain another perspective on the enrollees' program experiences we asked our respondents still in WIN (N = 122) what they were doing now in the program. These data, presented in Table 6-5, provide our best estimate of the status of WIN enrollees at Time 2. From other data it was determined that the enrollee recollection of his experience in WIN matched closely information obtained from WIN records. Therefore, it was assumed that the enrollee's indication of her current status, which had the advantage of being up to the minute, was reasonably accurate.

TABLE 6-5

Enrollee's Report of Current Status in WIN by City

WHAT ARE YOU DOING NOW IN WIN?	Enrollees Reporting			
	Chicago Percent	Cleveland Percent	Detroit Percent	Overall Percent
Going to School				
College	18	3	5	9
Basic Education, Including Work Toward GED	40	32	46	39
In Job Training	18	10	13	14
Waiting (including waiting for job placement, opening in educational and training program)	18	18	23	20
"Nothing"	7	29	10	15
Other	--	8	3	3
N =	45	38	39	122

$\chi^2 = 20.14$ $p < .05$ 10 d.f.

Most clients reporting themselves as waiting or doing nothing appeared to be in "hold" categories, although it is possible that some were formally assigned to educational and training programs but were currently not attending classes. Very few clients, three in all, were waiting for job entry.

The cohort pictured in Table 6-5 still contains the great bulk of enrollees who could become successful graduates of the program. By this time only 12 clients had finished the program. While drop-outs are not included in the table, they have already joined the ranks of the unsuccessful discontinuers. Perhaps the main point to be made is that the data presented in the table certainly do not describe a group of residuals from which a large number of successful enrollees have exited.

With this in mind it is disconcerting to see only 14 percent of the enrollees currently in job training programs whereas some 31 percent (Table 6-4) had been in such programs at one time or another. One gets the strong impression that the cohort as a whole has passed the peak of maximum program exposure, at least in respect to job training.

Certain other findings from Table 6-5 are of interest. Again inter-city differences are striking, with much higher proportions of clients in inactive statuses in Cleveland and Detroit. The relative emphasis given education and job training emerges even more sharply than in previous data. In this connection it is noteworthy that as many as 9 percent of enrollees are attending college. Although the percentage is small in absolute terms, it does raise a controversial issue about the objectives of the program, particularly when we observe that only 14 percent are in job training. Some may view public financing of higher education for AFDC mothers as a legitimate route to promising work careers. Others (including some WIN personnel we have interviewed) view college training as a luxury that a program like WIN can ill afford.

Amount of Client Choice

A central issue in the administration of the WIN program concerns the client's participation in decisions affecting her career in the program. At one extreme the client could be given a maximum degree of choice about the kind of educational or training component she might enter, about the specific training program she might pursue, and so on. At the other extreme, her career in WIN might be planned for her by WIN personnel, leaving her with little voice in such discussions.

TABLE 6-6

Enrollees' Perceptions of Amount of Choice in the WIN Program by City

I COULD MAKE CHOICES ABOUT:	Overall Percent	Chicago Percent	Cleveland Percent	Detroit Percent
Almost Everything or Most Things	52	58	39	59
Some Things	19	17	18	23
A Few Things or Almost Nothing	29	26	43	18
N =	171	78	54	39

$\chi^2 = 8.54$ $p < .10$ 4 d.f.

At Time 2 we asked clients about how much choice they thought they had on the whole in the WIN program. The results are presented in the table above.

While the majority of respondents thought they had a good deal of choice in the program, a substantial proportion (29 percent) saw themselves as having relatively little say in decisions made about them. There are significant inter-city differences, with Cleveland reporting much less freedom of choice than clients from the other two cities.

In order to determine what other variables might be associated with the client's perception of choice in the program, a scale was constructed from the items presented in Table 6-6 and correlated with a number of other variables. The variable most highly correlated with the client's perception of choice in the program proved to be the client's attitude toward WIN at Time 2 ($r = .35$). Although other interpretations are possible, it is likely that perceived restriction of choice had a depressive effect on the clients' attitudes toward the program.

The enrollee's perception of choice in WIN was also examined from the point of view of her anticipation of the consequences of not cooperating with WIN personnel. As was the case with her participation in referral decisions,

the enrollee might perceive herself as having a "choice" because she may be getting what she wants, but at the same time realize that there may be negative consequences if she did not accept the decision.

The enrollees were asked to respond to essentially the same item as was given them at Time 1 in respect to their program entry decision, except they were asked to consider consequences of "Not cooperating with WIN." For purposes of comparison, their responses to both the Time 1 and the Time 2 item are presented in Table 6-7.

TABLE 6-7

Enrollee Perception of Consequences of Not Entering WIN And of Not Cooperating with WIN Personnel

CONSEQUENCE	PERCEIVED CONSEQUENCES OF: Not Entering WIN (Time 1)	Not Cooperating With WIN Personnel (Time 2)
	Percent	Percent
Nothing	44	27
Cut Off ADC	25	13
ADC Check Cut or Withheld	11	5
Talked Into Cooperating	9	43
Other	11	12
N =	270	254

At Time 2 clients were less likely than they were at Time 1 to foresee drastic consequences, i. e., loss of ADC support, if they refused to participate in WIN. While at Time 2 they were more likely to see some organizational response forthcoming if they did not cooperate, they also were more likely to see this response assuming a "benign" form: they would be "talked into"

cooperating, not coerced to go along under the threat of economic reprisals. Still the clients seemed to sense that pressure would be brought to bear--if only in the form of talk--to secure cooperation. In part this response seems to reflect the client's perception that his relationship with the organization was now to be mediated through a relationship rather than by more impersonal measures, as at Time 1. It may also reflect the client's recognition of the WIN team members use of covert influence in the counselling process.

Relations With Team Members

Since the client's decision-making in the program is presumably influenced by her interactions with WIN personnel, data concerning her relations with various team members are of interest.

As the data are based on the client's recall of interactions with individuals whose positions were not always clear to her, our findings are subject to some error. Nevertheless, there were some clear patterns in the results which proved to be fairly consistent across the three cities.

Clients were much more likely to have contact with Counselors and Work-Training Specialists than other members of the team. Almost all the women (93 percent) who had enrolled in the program reported at least some contact with the Counselor, and 58 percent some contact with Work-Training Specialists. By contrast, only 35 percent had contact with the Coach and 26 percent with the Manpower Specialist. Since 26 percent reported some interaction with team members whose titles they did not know, it is likely that there was somewhat more contact with the various team members than indicated by the percentages cited above.[4]

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4. Often the client knew the names but not the position of team members she had been in contact with. In these cases positions were obtained from WIN records.

When asked which team member they thought was "most helpful" respondents again named the Couselor and Work-Training Specialist, though more women (33 percent) named the Work-Training Specialist than the Counselor (29 percent). The Coach was regarded as "most helpful" by only six percent of the women and the Manpower Specialist by only four percent. The remainder of the sample named other WIN personnel (8 percent), their welfare caseworkers (6 percent), "no one" (6 percent) or "didn't know" (8 percent).

These data suggest two team members, the Counselors and Work-Training Specialists, are the most important in the eyes of the clients. The Work-Training Specialist was probably seen as the more helpful of the two because of his role in helping clients make decisions about training components--one of the chief topics of discussion in the clients' encounters with team members. Since few women had reached the point of job placement, the marginal role given the Manpower Specialist is understandable. The findings become most puzzling when we turn to the Coach, the team member who is expected to develop special rapport with lower-income clients and to be active in helping them with problems that might be interfering with their participation in the program. Not only did a minority of clients have contact with the Coach, but of those who did only one out of 10 named him as most helpful. All other team members had more favorable "contact-helpfulness" ratios. In respect to this group of women, at any rate, the Coach did not appear to be providing the clients with the kind of assistance with their problems or decisions that had been anticipated in the design of the program.

The great majority of women reported that their encounters with team members were at least "helpful" and led to decision outcomes that they found satisfactory. Aside from sessions devoted to learning about the program, most

of their interactions with team members concerned, as best they could recall, their decisions about (or their participation in) program components or activities, although attention was given to a wide range of topics, including incentive checks, health, family matters, child care and job opportunities.

Clients reported that their contacts with WIN team members were usually fruitful, although their appraisal is by no means uniformly positive. When asked to describe what happened as a result of her talks with each team member the client had contact with, 52 percent indicated that things had gone well, the problem had been solved or a satisfactory decision reached. Sixteen percent reported mixed reviews: some effort had been made by the team member but it was unsuccessful or only partially successful or some of the results were positive and others negative, or it was too early to tell. Twenty-five percent of the respondents said, however, that essentially "Nothing" resulted from the talks. [5]

It is obvious that from the point of view of many clients there is considerable room for improvement in the output of WIN team members. Of particular concern is the sizable proportion of clients who reported that nothing of substance resulted from their talks with team members. As is indicated below, these clients were probably reflecting their feeling of futility over not being in program components, as we recall the sizable proportion of clients who reported themselves to be "waiting" or "doing nothing" in WIN.

The above items were combined with the clients' rating on the overall helpfulness of each team member to create a scale to measure attitudes toward team members. Correlation procedures were used to determine other variables that might be associated with the clients' attitudes. It was found that attitude

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[5] Weighted mean percents across team members with whom clients had contact.

toward team members correlated significantly with the following factors: client's estimate of extent of contact with team members (r= .39); level of participation in the program (a scale based on several indicators, including amount of time spent in active program components) (r = .35); rating of educational programs (r = .27); perception of amount of choice in WIN (r= .25), and rating of incentive checks (r = .21). While the causal sequence of these factors cannot be established, it is quite possible that clients who have spent much of their time in WIN in inactive statuses (low level of program participation) would have little contact with WIN team members, would rate certain components negatively, would feel that they did not have as much choice as they would like, all of which in turn would be likely to influence their attitudes toward team members in a negative direction. This sequence is consistent with (and supports) the notion that clients view WIN as an opportunity for self-advancement. Their attitudes toward team members would then be dependent upon the extent to which the team members were able to help them achieve their aspirations.

The Client's Assessment of WIN

The clients' assessment of their WIN experience was generally positive. In respect to all aspects examined, including the clients' satisfaction with decision made, their appraisal of program components and WIN team members, the majority of respondents indicated positive rather than negative attitudes toward the program.

There is evidence, however, that by Time 2 their reaction to the program was somewhat less favorable than it had been at point of referral. While 41 percent of the sample thought that their experiences in WIN had been "very satisfactory," an almost equal proportion (40 percent) chose a more qualified re-

sponse (somewhat satisfactory) to express their reaction and 29 percent said their experience was either somewhat or very unsatisfactory. There were significant inter-city differences, with the Detroit sample giving the most positive appraisal (62 percent "very satisfactory," 13 percent "unsatisfactory"), and the Cleveland sample the least favorable (30 percent "very satisfactory," 29 percent "unsatisfactory").

TABLE 6-8

"Did You Get What You Expected?" by City

EXPECTATION:	Chicago Percent	Cleveland Percent	Detroit Percent	Overall Percent
More Than Expected	21	13	29	21
Somewhat as Expected	51	48	50	50
Somewhat Less Than Expected	19	24	7	17
Much Less Than Expected	9	15	14	12
N =	75	54	44	173

Another client assessment of the program is presented in Table 6-8. The data indicate that the proportion of clients who thought they got less than expected was higher (29 percent) than the proportion who thought they got more than expected (21 percent). The inter-city differences follow the patterns for the preceding item, with Detroit on top and Cleveland on the bottom.

In an effort to pin down sources of satisfaction or dissatisfaction, clients were asked to state what they liked best and least about WIN and to rate various aspects of the program. In response to what was most liked, the largest group of clients (44 percent) cited, in one way or another, the opportunities given

by WIN. It is of interest that only 14 percent mentioned the financial benefits of the program as the most liked aspect. In respect to things least liked, the most noteworthy finding was that the majority of clients (51 percent) were unable (or at least unwilling) to say there was anything they disliked about WIN. When mentioned, aspects most disliked varied considerably from city to city. For example, only 2 percent of the Chicago enrollees "most disliked" waiting wasting time, etc., in the program whereas 23 percent of the Cleveland sample put such complaints at the top of their list. Overall no one kind of dissatisfaction stood out. Consistent with other data, a higher proportion of clients in Cleveland could think of a "most disliked" aspect than clients in the remaining cities.

Clients rated various aspects of the program from very poor to excellent. While the bulk of the ratings were either "good" or "excellent" for each aspect, perhaps the ratings should be considered in the same way as efficiency ratings in government service. If so, anything less than "good" is a cause for concern. The two aspects receiving the lowest ratings were "incentive checks" rated fair or poor by 39 percent and "transportation arrangements" which 32 percent rated fair or poor.

The place of the WIN incentive is of interest in view of the importance of this feature in the conception of the program. Nowhere in our data do the clients themselves give any indication that the incentive check is a major factor attracting them to the program; on the contrary, it seemed to be a major source of friction.[6] Perhaps the amount of the money was not thought to be large

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[6] It will recalled however that 70 percent of the caseworkers considered the incentive to be decisive or important from the clients point of view (chapter 5)

enough, in view of the extra costs participation in WIN entails. Moreover, payments were often delayed for one reason or another and there seemed to be frequent misunderstandings about eligibility rules, payment procedures, etc. Possibly some women might have been reluctant to admit that the money was important (just as job applicants often prefer to present their motivations in non-monetary terms). Nevertheless, as best we can judge from our data, the extra allowance given the enrollees did not seem to serve as much of an incentive.

It was suggested earlier, and in another context, that a certain configuration of factors might influence the clients attitude toward WIN. This notion was investigated further through correlational and factor analytic techniques. A scale to measure the client's attitude toward WIN was constructed from a number of items, including most of those discussed above. This scale was found to correlate significantly with a number of variables: perception of amount of choice in WIN ($r = .39$); the client's level of participation in WIN components ($r = .35$); rating of educational programs ($r = .31$); the extent to which the client experienced major problems in WIN ($r = -.29$); her perception of WIN as a resource ($r = .28$).

The nature of these associations were investigated through a factor analysis (varimax rotation) which included these as well as other Time 2 variables. The strongest factor emerging from the analysis appeared to describe both the client's experience in WIN and his attitude toward the program. The variables most highly loaded on this factor were: attitude toward WIN team members (.77); level of participation in WIN (.75); attitude toward WIN at Time 2 (.70); and perception of amount of choice in WIN (.49).

Perhaps what we have is a "program involvement" factor. Clients scoring high on this factor would tend to be those engaged in an active program component, would have good working relations with team members, a sense of partici-

pation in major decisions affecting them, and consequently, we would conclude, a positive attitude toward the program.

It appears, then, that if the program "worked" the way it was designed to, that the clients' attitudes toward it were positive. This seems to follow from a basic congruence between the goals of the program and the clients. Negative attitudes toward WIN were produced not by any fundamental disagreement with the program's objectives but rather by the failure to deliver the opportunities that it promised.

Drop Outs

By the time of the second interview eight to ten months after referral, 50 clients or 19 percent of the reinterviewed sample had dropped out of WIN. For our purposes a drop-out was considered to be an enrollee who had left the program prior to implementation of her employability plan. Typically these were women who exited from WIN (after a mean of 21 weeks) at various stages of educational and training programs or from some inactive status. Inter-city differences (previously given in Table 6-3) were marked. While 29 percent of the Chicago and 24 percent of the Cleveland samples dropped out of WIN, only 8 percent of the Detroit sample did so. The reasons for the low drop-out rate in Detroit are not clear, although part of the answer may be in the fact that the Detroit cohort, with a mean of 30 weeks in WIN, was not as far along in the program as the Chicago and Cleveland cohorts (with a mean of 37 weeks). Also we recall that a much higher proportion of Detroit referrals (54 percent) were never enrolled in the program than was the case in the other two cities. Quite possibly the greater selectivity in the Detroit program (whether intended or not) had the effect of screening out potential drop-outs at the point of entry.

The women were asked why they dropped out of WIN. Although respondents could give more than one reason, most gave only one. Reasons most commonly given had to do with the woman's health or physical condition. Almost half the women (48 percent) said they left WIN because of sickness, disability or pregnancy. Ranking second were reasons concerned with child care problems, given by 30 percent of the drop-outs. Only five women said they refused to participate. It is likely, however, that in some instances more "respectable" reasons, such as health and child care, were used by women who simply wanted to leave the program--at least this was the informal opinion of certain WIN counselors.

When asked if they wanted to get back into WIN, a surprising 71 percent said they did, mostly for reasons (to get a job, job training or schooling) that the sample as a whole had given for wanting to enter the program in the first place. The majority of the drop-outs (60 percent) indicated, however, that there were still barriers keeping them from reentering; child care and health problems--in that order--accounted for most of the barriers.

Only two of the women had said they dropped out of WIN because they had found jobs and gave their working as a reason for not wanting to reenter WIN. A total of seven drop-outs (including these two) had secured jobs, all at the operative and service levels. Their median hourly pay was $1.60.

The drop-outs were compared with the continuers (women still in WIN or who had completed the program by Time 2) on a number of variables to determine if the drop-outs had any distinguishing characteristics. Few differences of any magnitude were found between the two groups. The finding of greatest interest occurred in respect to changes on a scale used to measure the client's degree of adherence to middle class values. (Table 6-10).

TABLE 6-9

Middle Class Orientation Change,
Time 1 to Time 2 by Status in WIN at Time 2

	Dropped Out Percent	Still In Or Finished Percent
Moved Down Scale	50	35
No Change	2	8
Moved Up Scale	48	58
N =	50	127

$X^2 = 4.9$ $p < .01$ 2 d. f.

Compared with the continuers proportionately fewer drop-outs showed increases in their scores, proportionately more showed decreases. As a result the drop-outs were significantly lower on this scale at Time 2 than the continuers, although they did not differ significantly at Time 1.

Child Care Decisions

One of the crucial issues involved in decisions about the continuance and expansion of work training programs for low income mothers is the care children receive while their mothers are away from home.

In the WIN program, the AFDC mothers assume almost total responsibility for child care planning and implementation. In other words, they decide which, if any, of the available child care arrangements to use. The role of the welfare caseworkers and WIN team members is limited to approving child care plans the mothers make, offering suggestions regarding alternative arrangements, and occasionally making referrals to day care resources.

The first part of this section will describe the child care arrangements used by mothers participating in WIN and will address itself to the issue of adequacy of care vis-a-vis the child. We will next present data concerning the mothers' satisfaction with these arrangements and will discuss factors related to the mothers' evaluations. The final portion deals with the programmatic implications of the child care issue. Specifically, the effect of child care on the mothers' participation in WIN is discussed.

Current Child Care Arrangements

No attempt was made in this study to ascertain directly the quality of individual caretakers or arrangements. (Mothers' attitudes and perceptions about their own child care were elicited and are reported on in the next section.) Therefore, after describing the arrangements mothers were using at T-2, we will deal with the adequacy of various types of child care arrangements.

Unfortunately, criteria do not exist for judging the adequacy of most forms of child care. That is, very little is known about the consequences for

child development of the various types of child care arrangements.[7] However, certain minimal requirements pertaining to the protection, supervision, physical and emotional care, and intellectual stimulation needed by children of various ages are generally agreed upon by child welfare experts. For example, the Child Welfare League has developed standards for day care services.[8] These standards are designed to promote optimal fulfillment of children's needs at various ages. The Children's Bureau has set forth guidelines for evaluating the adequacy of certain kinds of child care arrangements.[9] Thus, while it is not possible to state definitively that one form of child care is better than another, indications of the adequacy of particular forms of child care can be obtained by ascertaining their potential for meeting at least minimal requirements.[10]

In order to obtain information concerning child care used by mothers in our study, we asked all mothers who were away from home on a regular basis and had children requiring child care about their current arrangements, regardless of the mother's current status in WIN. These mothers comprised 60 percent

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7. Florence A. Ruderman, Child Care and Working Mothers, (New York: Child Welfare League of America, Inc., 1968), p. 17.

8. Child Welfare League of America, Committee on Standards for Day Care Service. Child Welfare League of America Standard for Day Care Service. Rev. ed. (New York: The League, 1969).

9. U. S. Department of Health Education and Welfare, Children's Bureau and Bureau of Family Services, Criteria for Assessing Feasibility of Mothers' Employment and Adequacy of Child Care Plans, (Washington, D. C: GPO, April, 1966). (Mimeographed)

10. The major complication here is that the quality of care may vary considerably within a given type of arrangement.

of the total sample. Although some of these mothers had not yet been enrolled in WIN or had dropped out, the reasons indicated for the mothers' absence from home were either WIN-connected or work-related in over 80 percent of the cases.

The mothers included in this analysis were primarily from Detroit (42 percent) and Chicago (41 percent) with only 17 percent from Cleveland. Over 400 children, half of whom lived in Chicago, were included in these arrangements. While the majority of mothers had only one or two children in some type of arrangement, a few mothers had as many as six and seven children in child care. Over a fourth of the children in current arrangements were of preschool age, that is, under six years of age. Much variation existed by city as over half (55 percent) of the children in the Cleveland sample but only seven percent of the Detroit children were of preschool age. Altogether, almost half of these mothers had at least one preschool age child in some type of day care arrangement (Table 6-10).

Over two-thirds of the children were cared for in their own homes. The most frequently reported "arrangement" was self care,[11] the predominant type of care for over a fourth of these children. An additional 10 percent were cared for by older siblings. Apparently only an arbitrary distinction exists in many cases between what constitutes "self-care" and what is considered "care by siblings." The majority of children in "self-care" have siblings also caring for themselves. It seems that the distinction made by the mothers is whether or not one child is considered responsible for the care of his siblings.

11. For purposes of this discussion, self-care--that is, children left alone to take care of themselves on a regular basis--is considered a child care arrangement.

TABLE 6-10

Children in Current Child Care Arrangements
by Age of Children and City

AGE:	Chicago Percent	Cleveland Percent	Detroit Percent	Total Percent
1-5 years	33	55	7	25
1-2 years	10	29	6	11
3-5 years	23	26	1	14
6-12 years	50	38	50	48
13+ years	17	7	43	26
N =	208	56	176	440

The second most common arrangement used for a fourth of the children, was care by babysitters, friends and neighbors. Relatives other than the children's father or siblings cared for the next largest group (17 percent). Group care, such as nursery schools, day care centers and Headstart programs, was utilized for only 6 percent of the children.

TABLE 6-11

Children in Current Child Care Arrangements
by Type of Arrangement and City

TYPE OF ARRANGEMENT:	Chicago Percent	Cleveland Percent	Detroit Percent	Total Percent
Children's Father	1	5	7	4
Sibling	3	9	21	11
Other Relative	14	17	19	17
Friend, Neighbor, Sitter	32	28	16	25
Child Care Center	8	17	--	6
Mother Takes Child	1	--	2	1
Self Care	27	10	32	26
Mother's and Child's Hours Coincide	8	5	3	6
Not Specified	6	9	--	4
N =	188	58	148	394

Differences among cities in types of child care arrangements used are due primarily to the differences in the ages of the children. The high proportion of preschool age children in the Cleveland sample is probably a major factor contributing to the greater utilization of day care centers in that city. We are not aware of proportionately more day care centers in Cleveland than in the other two cities. However, the variance in day care center utilization is not wholly explained by the ages of the children. The percentages of children ages 3-5 (the ages served by most day care centers) are very similar in Chicago and Cleveland (23 percent and 26 percent, respectively). It may be that welfare workers influenced the utilization of day care resources by encouraging mothers to use these centers. Almost twice as many Cleveland mothers (41 percent) said they received help from welfare staff in making these arrangements than did Chicago mothers (22 percent).

The predominance of self-care, which is considered by child care experts to be a problematic and unsatisfactory arrangement for children, dramatically raises the issue of adequacy. City differences exist in the use of this arrangement which clearly reflect age differences of the three groups of children. Self-care is the predominate arrangement in the Detroit sample, the second most frequent in Chicago, but is used for only 10 percent of the Cleveland children who are mostly of preschool or early school age.

While most of the children who stay alone when their mothers are away were teenagers, 31 percent of the children in self-care were 12 years of age or younger, some even of preschool age. Paramount among the many concerns about young children in this type of arrangement is the issue of safety which

is involved in young children's coming home after school to an empty house, letting themselves in and remaining alone until the mother or another family member returns. The extent to which mothers share concerns about self-care will be referred to later when data are presented on mothers' satisfaction with child care and their preferences of arrangements.

A similar arrangement, which also tends to be fraught with problems, is that of care by siblings which involves 11 percent of the children in the combined sample. Eighty-eight percent of the children cared for by siblings were under 13 years of age and, unfortunately, some of the siblings in charge were also this young. The highest proportion of sibling care (21 percent) was found in the Detroit sample, the group with the largest percentage of teenagers.

No general statement concerning adequacy of care can be made about the 42 percent of the children cared for by relatives (other than the father or siblings), friends, neighbors and sitters. Such arrangements may be adequate or inadequate depending upon a number of factors such as the attributes of the caretaker and of the children, the relationship existing between them and other responsibilities the caretaker may have. It seems safe to assume, however, that the level of care by these caretakers generally does not exceed, and may often fall below, that which the children receive from their mothers. Available relatives, neighbors or other sitters on the lower income levels are probably women unable to work due to advanced age, poor health, lack of education, young children, large families of their own or similar handicaps. Some caretakers may be between jobs, thus lending a temporary quality to the arrangements.

Although a discussion concerning the stability or instability of child care arrangements would be premature at this point, we do know that a fourth

of the mothers currently using child care have previously used other arrangements since their referral to WIN. In addition, a sizable number of mothers (N= 33) have used child care arrangements since referral to WIN, but no longer have these or any other arrangements. These terminated arrangements are described in the next section.

Mothers' Satisfaction with Child Care

While we have noted that certain forms of child care are likely to be problematic and of questionable quality, it is important to understand how the mothers in our sample viewed child care. We could not assume that the arrangements used were the most satisfactory from the viewpoint of the mothers or that they necessarily reflected the mothers' preferences. In order to illuminate this issue, an attempt was made to obtain the mothers' evaluations of their arrangements and to elicit their preferences regarding child care.

The mothers who had child care arrangements at the time of the second interview were asked to rate the arrangements they were using for each child in terms of their satisfaction with them. The findings indicated that on the whole mothers were quite satisfied with their child care arrangments. Sixty-one percent of the arrangements were rated as,"very satisfactory" 33 percent as "satisfactory" 4 percent as "unsatisfactory" and 2 percent as "very unsatisfactory." Most of the arrangements considered as unsatisfactory or very unsatisfactory by the mothers were for children under 13 years of age. All of the "very unsatisfactory" ratings and half of the "unsatisfactory" ratings for these younger children involved self-care or care by siblings. The reasons given for the satisfactory ratings were most often the following: caretaker's trustworthiness and dependability; belief that the child gets good physical care; the convenience of the arrangement; and the affectionate relationship

existing between the child and the caretaker. The few reasons mothers gave for their dissatisfaction were quite diverse.

An examination of the data on terminated arrangements (other arrangements used since referral to WIN) provides more insight into criteria used by mothers to evaluate child care. Since referral, a total of 72 women (28 percent of our sample) had used child care arrangements (not including self-care or care by siblings which mothers did not consider to be arrangements) which had been terminated by the time of our second interview (thirty-nine of these mothers had found and were using current arrangements.) The arrangements were most likely to have been care by friends, neighbors and sitters (46 percent) or care by relatives other than the child's father or siblings (35 percent). Nine percent of the arrangements were in child care centers. The children were more likely to have been cared for outside their own homes (60 percent) than in their homes.

These terminated arrangements were not evaluated as highly as the ones discussed earlier. Only 57 percent of these arrangements were rated by the mothers using them as "very satisfactory" and 19 percent as "satisfactory." Eleven percent were rated as "unsatisfactory" and 13 percent as "very unsatisfactory." Care by neighbors, friends, and sitters accounted for 70 percent of these unsatisfactory ratings. Reasons given for satisfactory ratings were the same as for the current arrangements except that with terminated arrangements the supervision of the child received relatively greater weight. By far, the reason mentioned most often for negative ratings was the inconvenience of the arrangement. It will be remembered that 60 percent of these terminated arrangements involved out of home care as opposed to only 31 percent of the current arrangements. Other reasons cited for negative

ratings included the mother's concern about the physical care and supervision the child received and her perception that the child did not like the caretaker or the placement. Yet when mothers were asked why they no longer used these arrangements, we found that only 8 percent of the arrangements were terminated because of the mother's dissatisfaction. Reasons for termination varied greatly but those mentioned most frequently were: 1) the arrangement was no longer needed because the mother was no longer in WIN, attending school or working; 2) the arrangement was temporarily not needed (for example, because the mother was between components in WIN); or 3) the arrangement was no longer available because the mother or the caretaker had moved.

The child care arrangements used by mothers in WIN were not always the ones they had originally planned to use. At the time of referral, mothers in our sample were asked about the type of child care they, in fact, use or would use if they were to go into a full-time job or training program. Multiple arrangements were obtained; that is, all arrangements needed per child to cover the mother's absence from home were included. Forty percent of our sample were using or had made definite child care arrangements at the time of referral. A total of 299 mothers indicated arrangements for 658 children, 29 percent of whom needed more than one arrangement. A comparison of these arrangements with the ones being used at the time of the second interview with our sample reveals some interesting differences. For example, the mothers thought at Time 1 that child care centers would serve a larger proportion of their children (14 percent) than they were serving at Time 2 (6 percent). Mothers also thought their hours away from home and the children's school hours would coincide in many more instances (15 percent) than was later found to be the case (6 percent). At Time 2, mothers were having to rely much more heavily

on leaving children alone to take care of themselves (26 percent) or each other (11 percent) than they had anticipated (8 percent and 4 percent, respectively). Apparently these mothers were overly optimistic about child care as the arrangements they were using at Time 2 were less desirable on the whole than those originally planned. At the same time, 30 percent of the mothers had concerns about their planned arrangements at Time 1. By far the major concern was about having some time uncovered by the planned child care arrangements. The next most frequently mentioned concern was about the reliability of the caretaker. This was expressed in terms of concern about the quality of care she would give the child, her dependability (that is, the caretaker's being there as planned) and about her ability to handle emergencies and to use proper safety precautions. These mothers had not anticipated how important the convenience of an arrangement would be to them. Apparently the difficulties involved in using out of home care--such as, getting small children up early, feeding them, dressing them to go out and transporting them to the day care site as well as picking them up after work or school--became evident to many mothers only as a result of experience with out of home care.

Factors Related to Utilization of and Satisfaction with Child Care Arrangements

Obviously, many factors enter into the mother's decision about the form of child care to use. Environmental and situational variables, as well as values and attitudes held by the mother, help determine the type of arrangement that will be utilized and the degree of satisfaction that will be associated with it.

First of all, the mother's situation and environment will determine the

availability of certain forms of child care. For example, the presence of a caretaker in the home, space in a conceniently located day care center, or adequate funds to hire the babysitter of one's choice may be available to some mothers but not to others. In addition, certain variables may preclude the use of some options and strongly indicate the utilization of others. These include attributes of the children needing care such as their ages, sex and any special problems they may have; the number of children the mother has to plan for; the hours and days for which child care is needed; and the availability of transportation to and from the day care facility. To illustrate, day care centers are a resource only for children between the ages of three and five as other age groups are usually not served. The number of children for whom a mother has to arrange child care will be an important factor in her decision about whether or not to place her three to five year old in an available day care center. She may well decide to use an arrangement that will accommodate all of her children, although her preference for care of her three to five year old child might be the day care center. The more children a mother has requiring care, the fewer options she is likely to have regarding child care arrangements. Thus, a mother with several children needing care may, for economic reasons and for the sake of convenience, be limited to having someone come to the home to care for her children.

Data concerning situational and environmental factors come from interviews with our sample of mothers and our knowledge of the three WIN programs and the three study cities. Like most areas of the United States, there is a shortage of day care centers and licensed day care homes in Chicago, Cleveland and Detroit. While mothers are free to choose their child care arrangements,

limits are placed upon the amount the participating welfare agencies will pay for child care and even upon which arrangements will be financed. For example, certain relatives are not paid for child care. Mothers who had had experience with the child care aspect of WIN were asked to rate this part of the program. Of those who responded, 14 percent mentioned problems with child care payments such as payments being late, inadequate, or unobtainable for some arrangements. Proportionately, Chicago mothers had the most complaints about child care payments and Detroit mothers the least.

At the time of the initial interview with the mothers, 31 percent had caretakers living in the home. Over half (58 percent) of the mothers had two or more children requiring some type of child care arrangements if the mother was to be away from home on a regular basis. Fourteen percent of the mothers would not need child care and 28 percent would need to plan for only one child. Almost 600 children needed child care at that time.

TABLE 6-12

Number of Children Per Mother Requiring Child Care Arrangements at Time 1 by City

NUMBER OF CHILDREN REQUIRING CHILD CARE:	Percent of Mothers			Combined	
	Chicago	Detroit	Cleveland	Percent	Number
0	8	24	4	14	45
1	22	30	33	28	88
2	31	23	39	29	92
3	20	13	13	16	49
4	10	7	9	9	27
5	4	2	3	3	9
6	4	1	--	2	5
7	1	--	--	--	1
N =	105	141	70		316

Over half of the total sample of mothers (57 percent) had school age children only and, presumably, some of these mothers would not need child care. Twenty percent had preschool age children only and 24 percent had children of both preschool and school age. Many mothers in the latter category and some with at least two children in the former group (preschool age only) may well need multiple arrangements, particularly if formalized group care is one choice. Almost a fourth of the mothers reported having at least one child with a special problem, usually of a medical nature, which could place additional constraints upon the types of day care available for these children.

The second group of variables--the mother's values and attitudes--include attitudes toward maternal employment, beliefs about effects on children of mother's working and preferences concerning child care arrangements. These attitudes, beliefs and preferences may, in turn, be affected by a myriad of other variables such as the mother's previous experience with child care, her aspirations for herself and her children, and her knowledge of theories concerning child rearing. It is also conceivable that the mother's attitude--or her behavior concerning child care--may be affected by the degree of her motivation to participate in WIN or to work. That is, a mother may be willing to put up with less than satisfactory child care in order to be able to work if she is highly motivated. Conversely, a mother may convince herself--or WIN--that she is needed in the home or that adequate child care is unavailable, if her motivation to participate in WIN is minimal.

In the initial interview with mothers, an attempt was made to ascertain their attitudes about maternal employment. Half of the mothers thought that, generally, mothers of school age children should not work and this proportion

rose to 75 percent when considering mothers of preschool age children. Three-fourths of the mothers said they thought maternal employment was permissible only if it was necessary to make ends meet. They were likely to believe that children would either be harmed (42 percent) or not affected (40 percent) by maternal employment. Most of the 18 percent who thought the children would be helped indicated that such benefits would be primarily financial ones. At the time of the second interview, 62 percent of the mothers believed that their children had not been affected by their participation in WIN.

Over half (53 percent) of the sample had had experience with child care arrangements prior to their WIN referral. Almost a third of the mothers having had previous arrangements had had unsatisfactory experiences with them. The three most frequently mentioned areas of dissatisfaction were the level of care given the child, the cost of the care and transportation problems involved in getting the child to the child care resource.

The mothers' preferences concerning child care arrangements for children of various ages were elicited in the initial interview. The preferences expressed were very similar to actual arrangements used. With only one exception --the three to five year age group--mothers preferred in-home care. The preferences for children under three years, in descending order of frequency mentioned, were: babysitter in the home, relative in the home, and relative living in the home. For the three to five year olds, mothers preferred day care centers--public or private--followed by relatives in the home. The preference for the young school age child (6 to 8 years) for both the school year and summer was a babysitter in the home. While the second choice for summer was day camp, mothers thought children of this age could manage by themselves after school as a second choice or go to a neighbor's home as the third. The most frequently mentioned

preference for children aged nine to 12 for summer was day camp, followed by care by sitters, then by relatives living in the home. After school, however, mothers said they preferred to have these children stay by themselves although sitters and neighbor's homes were also mentioned by a number of mothers. Mothers thought teenagers should be able to stay by themselves after school and summers, although some mothers still preferred care by sitters and relatives, particularly during the summer. To what extent the arrangements cited were, in fact, unrestricted preferences and to what extent they were governed by reality considerations, we do not know. We suspect the latter is strongly reflected in these choices. The kind of arrangements currently being used and the mothers' satisfaction with them would seem to substantiate this view.

In order to identify the attributes of the mother and of her situation which are associated with her satisfaction with child care, a number of these variables were correlated with two scales: one consisting of the mother's average rating of satisfaction with current child care arrangements and the other, her average rating of other (that is, terminated) child care arrangements used since her WIN referral. All of the significant correlations (at $p < .05$) were quite low, ranging from .14 to .25.

The variable most highly correlated with satisfaction with current child care was the mother's perception of the effect of her participation in WIN on her child ($r = .25$). Mothers who were more satisfied with their child care were more likely to feel that their children were helped or at least not harmed by their WIN participation. They were also more likely to have a positive attitude toward WIN at Time 2 ($r = .14$). Cleveland residency[12] was negatively

12. This was a dummy variable contrasting Cleveland with Chicago and Detroit.

associated (r = -.22) with satisfaction with current child care, as was the age of the youngest child needing care (r = -.15). The negative association between Cleveland residency and satisfaction with child care may be partly due to the preponderance of preschool age children in Cleveland as well as to the relatively less favorable attitude toward WIN in the sample from that city. Having made definite child care plans at the time of referral to WIN was also positively associated with satisfaction (r = .15). The better educated the mother (r = .17) and the less mobile she was (as measured by the length of residence in her present home) (r = .16), the better satisfied she was likely to be with her child care arrangements. Since the great majority of the arrangements used were informal ones, such as self care or care by relatives and neighbors, possibly the greater familiarity the less mobile mothers presumably had with their neighbors and their surroundings afforded them the opportunity to be more selective about caretakers and more at ease about leaving their children alone.

Only four factors of interest, three of which had been made into scales, were found to be significantly correlated with the mother's satisfaction with other child care arrangements (that is, terminated arrangements) used since the WIN referral. Mothers who had had unsatisfactory child care experiences were less likely to be satisfied with other child care used while in WIN (r = -.24). The satisfied mothers were also likely to feel relatively more in control of their lives, as measured on a powerlessness scale (r = .19). While the mothers' rating of the WIN components was positively associated (r = .21) with satisfaction with other child care, her level of participation in WIN was not (r = -.21). That is, the mothers who stayed in WIN longer and participated more actively were less likely to have been satisfied

with these terminated arrangements. Apparently, this was a group of highly motivated women who were able to find more satisfactory child care arrangements in order to continue their participation in WIN.

Although job optimism, job motivation, attitude toward WIN at Time 2 and perception of the effect of their participation in WIN on their home life are positively associated, as one would expect, with satisfaction with other child care, these correlations were not significant.

Effect of Child Care on Participation in WIN

While it is evident that the mothers' inability to make or maintain child care arrangements may preclude or hinder their participation in WIN or in the labor market, the extent of child care problems among WIN enrollees is not so apparent. In addition to data from interviews with welfare caseworkers, WIN team members, and our sample of enrollees, an examination of groups of mothers according to their status in WIN at Time 2 provides information concerning this issue.

Chapter 5 presented data on the extent to which welfare caseworkers perceived child care as a major problem to AFDC mothers. To summarize briefly, 62 percent of the caseworkers saw child care problems as barriers to employment for mothers in their caseloads. Over two-thirds of the workers indicated that the availability of child care was an important determinant in their decision to refer or not refer "all" or "most" of their clients to WIN. The most frequent reason for negative feedback to caseworkers from clients referred to WIN involved problems with child care.

WIN team members found child care problems to be prevalent among their female enrollees. In response to a query concerning how often referrals to

WIN are inappropriate because of such problems, 69 percent replied "often" and another 7 percent said "always." Not unexpectedly then, over three-fourths of these workers said child care was a problem with either many, most, or all of their enrollees. Ninety percent of the team members believed that child care was "often" or "always" an obstacle to the typical female WIN enrollee in getting a job.

When queried about reasons for child care problems they encounter among their enrollees, WIN team members cited, among other reasons, difficulties mothers have in obtaining child care payments from welfare. City differences were significant. Three-fourths of the Chicago team members cited inadequate, delayed or irregular payments as one of the problems their female enrollees have with child care. The comparable figure for Detroit team members was 35 percent. The Cleveland workers were the least aware of this type of problem as only one of the 16 workers mentioned it.

A fifth of the women in our sample who were not enrolled in WIN or who dropped out of the program gave lack of child care as a reason. Of the mothers who participated in WIN, approximately half said they had major problems which made their participation difficult. More of these women (25 percent) cited problems with child care than any other single problem. In response to a question concerning possible barriers to employment, a fourth of the mothers in the sample perceived child care as such a barrier.

Cross-tabulations of the mothers' status in WIN at Time 2 (that is, never enrolled, dropped out, still in, or finished WIN) with some child care variables produced rather interesting findings. Several of these cross-tabulations did not result in significant associations as expected. These included satisfaction with current child care, satisfaction with other child care arrangements,

presence of a caretaker in the home, previous unsatisfactory child care experience, number of children needing care, presence of children with special problems and middle class orientation toward child rearing at Time 1.

The four groups of mothers differed significantly ($p < .01$) on having had definite child care plans at the time of referral. The mothers who had finished WIN were much more likely to have made child care arrangements at Time 1, while those who had not been enrolled were least likely to have made arrangements.

The groups obtained different ratings on the middle class orientation toward child-rearing scale at Time 2 ($p < .05$). Of the women who obtained low scores on this scale, the largest proportions were in the never enrolled and dropped out categories. The still-in-WIN group had the largest proportion of high scores while the women who had finished WIN were concentrated in the middle range of scores. (It should be remembered that the finished WIN category is very small, consisting of only 12 women.)

Significant differences were found among the three relevant groups in their ratings of the child care arrangement aspect of the WIN program ($p < .001$). While the mothers still in WIN rated this aspect as "excellent" or "good" and those who had finished WIN rated it as "good" or "fair," the mothers who had dropped out were more likely to rate this aspect of the program much lower. Twenty-seven percent of the drop-outs gave this aspect a "poor" rating.

The drop-outs were also much more likely than the other three groups to believe that child care problems would keep them from getting jobs ($p < .02$). As one would expect, the completers were least likely to perceive child care as a barrier.

The groups also differed ($p < .01$) when compared on the age of their

youngest child needing care. For this analysis, the "still-in" and "finished-WIN" categories were combined into a single category of "continuers." One major source of variation occurred between the never enrolled group and the other two, as the former had fewer preschool age children. This is primarily an artifact of the referral procedure in Detroit as mothers with preschool age children are generally not referred. The other major source of variance occurred between the drop-outs and the continuers in the percentages of youngest children under three years of age. Half of the mothers who had dropped out had at least one child under three years as compared to only a third of the mothers who were still in or had finished WIN.

While the great majority of women in all categories said they preferred working to staying at home, the drop-outs had by far the largest percentage of women who preferred to stay home ($p < .05$). In fact, a fourth of the drop-outs preferred staying at home. When all of the reasons were listed for their preferences, no significant differences were found among the groups. However, again almost a fourth of the drop-outs, as contrasted with much smaller percentages in the other groups, said they wanted to stay home to be with their children.

The data on the drop-outs tend to suggest that women with very young children, unless highly motivated to work, may be poor risks for work training programs like WIN. This seems to be true regardless of their ability to make child care arrangements that are satisfactory to them; the child care the drop-outs had used was just as satisfactory to them as was that used by the other groups. The age of the youngest child seems to be a more important determinant of the mother's participation in WIN than are a number of other child care variables including the number of children needing care or the presence of

children with special problems.

On the whole the findings seem to indicate that the relationship between child care and participation in WIN is complex. The caseworker data suggest that mothers with potential child care problems were screened out of the group referred to WIN. Thus our sample probably consists of mothers with less serious child care problems than characterize AFDC mothers in general. We would expect that the estimates of the prevalence of child care problems derived from our data would be low if AFDC mothers were referred to a work training program without the kind of screening carried out by the caseworkers.

The issue of child care, critical and pervasive as it is, apparently acts in conjunction with other factors, rather than alone, to determine a mother's participation in WIN. That is, in the presence of other unfavorable (possibly only marginally so) conditions, a problem with child care may tip the balance in the direction of precluding or terminating a mother's WIN career. By the same token, the availability of child care that is satisfactory to the mother will not, in itself, guarantee an enrollee's continued participation in WIN. The issue of child care, then, needs to be approached not only from the standpoint of identifying and facilitating forms of child care mothers will utilize, but must also be placed in context--that is, seen as only one factor (albeit a crucial one) in a complicated equation predicting work training or labor market participation.

Job Decisions

Since the central goal of the WIN program is to place enrollees in jobs, client decision making concerning employment is a subject of paramount importance. It was thought that more would have been faced with job decisions

than proved to be the case, since WIN administrators believed that a number of women would be "job ready" and that others would not require a long period of training. Actually, only 18 women were referred by WIN to employers, and of these women only 12 secured jobs.

While only a handful of the women obtained jobs through WIN, a noteworthy number were employed at some point during our study period. Twenty-two (of the 318 respondents interviewed at Time 1) were employed at the time of their referral to WIN. Although the majority of these women were working full time, apparently none was earning sufficient income to get off AFDC. Of these 22 women, 18 were reinterviewed at Time 2, and of the 18 reinterviewed, 14 were still working. An additional 28 women, not working at point of referral, had found jobs by the time of the second interview. Included in this number were approximately nine women who had apparently found jobs through WIN as a consequence of WIN training and who were still employed.[13] A larger number of women (12) who obtained jobs were not enrolled in WIN at all. The remaining seven who found work had either dropped out of the program (4) or were still in it at Time 2.

While most of the 28 jobs went to women who did not finish the program, it is quite clear that women who finished the program got higher level jobs. Of the nine successful terminations, seven secured clerical employment and two obtained professional or technical positions. Of the other 19 who found jobs, only three obtained employment as high as the clerical level. With few exceptions they found work in unskilled service occupations.

That relatively few women secured jobs through WIN within the first eight to ten months after referral is not a surprising finding considering

13. The precise number of women employed at Time 2 as a direct result of WIN efforts is difficult to determine because of discrepancies between WIN records and the mothers' own reports.

the objectives of the three WIN programs under study. These programs were clearly oriented toward preparing ADC mothers, through basic education and vocational training, for jobs above the level of unskilled employment. This orientation is reflected in the fact that the few WIN job placements that were made were in technical and clerical positions.

Such preparation takes time. While one might have hopes for a higher placement rate, most would agree that 32 weeks is probably not sufficient in most cases to orient, train and place enrollees in the kind of employment toward which the program was aiming. Of course, not all agree that such educational and training investments are worth the costs. Critics of the program may cite, for example, the relatively low placement rate for female enrollees: nationwide only 18 percent of female WIN enrollees terminated the program with jobs in fiscal 1970. Some take the position that there should be less emphasis on education and training, more emphasis on moving women directly into jobs, even jobs with low skill requirements. The work-training programs projected for the Family Assistance Programs (Title IV, HR-1) seem to be based on this assumption.[14]

It may be fruitful, therefore, to consider what light our data shed on the issue of immediate placement into low level jobs versus extended preparation for "quality positions." First of all, the women certainly seem motivated to work. Eighty-four percent stated at Time 2 that they would prefer working to staying home, a result that is consistent with data presented

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14. U. S. Congress, House, Committee on Ways and Means, Work Incentive Program--Survey of Selected Welfare and Employment Service Agencies (January 1970) 91st Cong., 2d sess., 1970.

earlier and with Goodwin's conclusion that WIN clients are committed to the "work ethic." [15] The clients motivations were probed further through an open-ended question which asked them to state reasons why they either preferred to work or stay at home. Since most clients said they preferred to work, reasons given were usually in support of that preference. Only a small proportion of the total Time 2 sample (15 percent) gave as a reason their desire to "get off ADC." This finding, which accords with results presented previously suggests that exit from the welfare system is not a salient goal for most of our respondents. The dominant reasons fall into two categories: (1) increasing available income; and (2) the "psychological" benefits of work. Women who gave reasons in the second category tend to view work as a more interesting and emotionally rewarding activity than "staying home." Sixty percent of the reasons fell into these categories, with this percentage being evenly divided between them. The women who had said earlier that they preferred to stay at home, said in most instances that they wished to be with their children: but since few women had indicated a preference to stay at home, reasons in this category accounted for only 9 percent of the total sample. Women who were either non-committal or who gave reasons falling outside the major categories mentioned above, make up the remainder.

The employment histories of our respondents suggest that most may be capable of finding jobs without further training. As noted earlier almost 90 percent of the women in the sample have been employed at some

15. Leonard Goodwin, A Study of the Work Orientations of Welfare Recipients Participating in the Work Incentive Program. Final Report. (Washington, D. C.: Brookings Institute, 1971), p. 2.

time. Of those who have held jobs, 25 percent have been unemployed for less than a year and 58 percent for less than two years. As might be expected, however, they have worked largely at poorly paid, unskilled, often temporary jobs.

If we put together the findings presented thus far, one might conclude that while the women in our sample are motivated to work and are capable of working, they may not be interested necessarily in the kind of low level jobs they have had in the past. Since most of the women who prefer to work seem motivated either by monetary of psychological incentives, the jobs they appear to want would probably have to provide them with a clearly better income than they receive on ADC or with an activity that would be more intrinsically interesting and gratifying than staying at home. Low paying, unskilled jobs may offer them little more, if not less, than they already have. The kind of job that may interest them may need to offer them more.

These suppositions gain support from the women's attitudes toward specific jobs. They were asked about the kind of work they liked and disliked and whether or not they thought they needed training to do it. As Table 6-13 reveals, there was not a single job that more respondents than not indicated they would both like to do and are able to do without training.

It is clear from Table 6-13 that the great majority of clients would prefer not to work at unskilled service jobs (private household worker and waitress). The sample is more evenly divided in respect to jobs of saleswoman and assembly line worker, which are higher up the skill (and prestige) ladder, but still the majority expressed dislike of them. We see a marked shift in attitude in respect to jobs at a clearly higher level of skill and prestige--dietician and above. The great majority of women expressed interest in these jobs but thought they would need training for them.

TABLE 6-13

Enrollees' Attitudes and Perceptions Toward Selected Jobs

TYPE OF JOB**	ATTITUDES			PERCEPTIONS				N
	Would Like Percent	Would Dislike Percent	TOTAL Percent	Could Do Now Percent	Could Do After Training Percent	Too Hard Even After Training Percent	* TOTAL Percent	
Private Household Worker	9	91	100	91	2	6	99	257
Waitress	21	79	100	82	10	7	99	257
Assembly Line Worker	43	57	100	62	31	6	99	258
Saleswoman	48	52	100	62	31	7	100	257
Dietician	53	47	100	15	77	9	101	260
Medical Technician	69	31	100	3	90	7	100	259
Stenographer	66	34	100	13	77	10	100	258
Counselor	69	31	100	10	81	9	100	261
Teacher	47	53	100	5	77	18	100	259

* Percentages may not add up to 100 due to rounding.

** Ordered according to Duncan's Socioeconomic Index for Occupations, from lowest to highest type of job.

The findings presented thus far offer little encouragement to those who might wish to place greater stress on immediate placement of ADC mothers in unskilled jobs. Such a strategy would certainly encounter formidable client resistance and might well be defeated by it. On the other hand, the current strategy of providing educational and training programs to prepare women for skilled employment has its short-comings. From data obtained thus far, there is no reason to suppose that our cohort of clients will fare any better in the job market than female WIN enrollees generally, which means less than a fifth will be placed.

If programs like those we have studied are to improve this performance with female enrollees, then the answer seems to be in the development of jobs for which the enrollee can be prepared in a reasonable time and at a reasonable cost. Our findings suggest that job development efforts might well be concentrated on jobs that would represent a step up for most enrollees, and hence would be attractive to them but which would not require extensive educational or vocational preparation. Jobs as saleswomen, paid home makers, assistants in day care centers, come to mind as examples. Jobs as domestics and waitresses may not be adequate; jobs as stenographers and medical technicians may require too much. Aggressive, imaginative development of jobs at a mid-range of training demand and skill and the reshaping of the program to prepare women for these jobs could well lead to the placement of larger numbersof women in jobs they would want and be able to perform.

Chapter 7

A Matched Sample of Clients and Team Members

In this chapter an attempt was made to examine responses concerning selected clients with whom team members were acquainted. As part of the interview with team members, each one of them was asked about two specific clients from the Client Time 2 sample. The high turnover of team members in the WIN organization together with the flux in team composition resulted in relatively few completed client profiles. In fact, of a possible 240 clients' profiles (from 30 teams) describing 60 clients, only 58 profiles about 33 clients were completed.

Counselors and work and training specialists knew many more clients than the other team members. In order to simplify the analysis it was decided therefore to select one match for each client. Twenty-nine clients were chosen, of whom 17 were matched with counselors and 12 with work and training specialists.

Several topics are discussed here. First, team members' contacts with clients are presented. Second, workers' views of what clients need from WIN are compared to clients' wishes concerning WIN. Decisions made by enrollees, as perceived both by clients and workers, are also mentioned. Finally, team's perceptions about client's occupational ability and job aspirations are matched with client's self-perception.

A. Amount of Contact Between Team Members and Clients

The purpose of the analysis in this chapter was to ascertain how well workers were acquainted with selected clients whom they remembered. As a starting point, therefore, it would be of interest to know how many contacts workers had with these clients and in what context these contacts occurred.

For the most part, interactions between teams and enrollees took place during office visits by clients. The number of office visits for these 29 clients ranged between 1 and 10, with a median number of 3 visits. Telephone calls were also a useful means of contact. Workers reported a range of 0 to 50 phone calls. The median number of telephone conversations was 4.

On the other hand, workers did not tend to take an initiative in visiting the clients outside the office. Four workers visited clients on training sites once, and only one worker reported a visit to a client's home.

Workers were also asked how long a typical contact with a client lasts. One can see from Table 7-1 that only one worker cited a typical contact being longer than an hour.

TABLE 7-1

Typical Length of Contact Between Worker and Client

Length of Contact	Number of Answers
0-15 minutes	2
16-30 minutes	13
31-60 minutes	13
1- 2 hours	1
Total Workers	29

Workers, therefore, seem to take a more passive and bureaucratic approach to their role and meet clients on their territory. It should be remembered, though, that only counselors and work and training specialists were included in this sample. Initially, the coaches and manpower specialists were envisaged as being involved more actively with clients on the training site. However, it was found that these two team members did not know clients as often as counselors and work and training specialists did. Also when our sample was asked who on the team has worked most closely with the designated enrollee,

26 (of 29) of them gave the counselor as an answer.

B. What Clients Need and What Clients Want from the WIN Program

Workers were asked to give opinions on each of the selected clients as to what the client needs most from the program. Their answers were compared to responses by the same enrollees regarding the following questions:

1) What did the enrollee want most from WIN at the time of referral?;
2) What did the enrollee want from WIN now?; and,
3) What did the enrollee expect from WIN?

TABLE 7-2

Comparison of Worker's Opinion of What Clients Need from WIN to Clients' Wishes

WHAT ENROLLEES WANTED FROM WIN AT REFERRAL:	Workers' Opinions as to What Clients Need Most						
	Employment	Training	Education	Money	Counseling--Guidance	Other	TOTAL
Job				1	5	1	7
Training	1	5		2	4	1	13
Education		1			6	1	8
Money							--
Counseling							--
Other						1	1
TOTAL	1	6	--	3	15	4	29

From Table 7-2 it is clear that there is not much agreement between clients and their workers. The enrollees stated that at the time of referral they wanted job training, jobs and education mainly, from WIN. The workers, on the other hand, thought that most of the clients (15) needed counseling and guidance. Not even one of the clients mentioned counseling as something he wanted from WIN. It is also interesting to note that not one of the clients mentioned money or incentive pay as something to look for in enrolling in the program, while three workers thought that money was an important need.

C. Client's Choice and Decisions in the Program

Unfortunately, not much data is available for comparison about the client's experiences in choosing and deciding their WIN careers. Twenty of the clients thought that they had choice at least about some of the things in the program. The areas in which clients felt that they had choice are mainly training and educational programs, but not jobs. Their workers agreed with them. This finding could be expected as the clients were still in training and not many of them had experienced job placement through the program.

D. Occupational Choice: Workers' Perceptions of Client's Ability and Job Aspirations

An attempt was made to examine team members' perceptions of clients' suitability and ability to hold specific jobs in light of the enrollees' occupational aspirations.

Two sets of questions were presented. In the first set, team members were asked what type of employment they would recommend for the matched sample enrollees, and what type of employment they thought those clients desired. The answers to these questions were compared to the stated occupational goals of these same clients. In the second set of question, nine specific occupations were suggested and team members were asked to assess clients' ability to hold such jobs, with or without training.

Enrollees were also asked to assess their ability to hold these nine types of jobs and a comparison between teams' assessments and clients' assessments was attempted.

Occupations were coded in two ways: 1) Socio-economic Status code; and 2) Census classification of occupational code. Correlations were computed on the Socio-economic Status of the occupations on the following items:

1) jobs workers recommended for the clients;
2) jobs workers thought that clients wanted;

3) the occupations that clients recalled they wanted on referral; and,

4) jobs that clients wanted now.

TABLE 7-3

Correlations Between Socio-economic Status
of Occupations Recommended to and Desired by Clients

JOBS:	Recommended by worker	Workers think clients want	Clients wanted at referral	Clients want now
Recommended by workers	---	.831 (N=18)	.391 (N=15)	N too small
Workers think client wants		---	.432 (N=20)	N too small
Clients wanted at referral				.509 (N=13)
Clients want now				---

Not surprisingly, a close association was found between workers' job recommendations and jobs they thought that clients wanted. Thus it seems that workers tended to recommend jobs which they thought clients wanted. If clients' recollections of their job aspirations at referral hold true, the correlations between these aspirations and workers' job recommendations is not very high. Examining the same occupations by using the Census job classification could hint at some explanation. This code (Census) indicates the nature of a job rather than its prestige or pay.

The table showsthat from 20 matches, 12 agreed on the broad field of occupations. Nevertheless, looking closely at the actual jobs mentioned, there is disparity between workers and their clients on the specific jobs. For example, when the worker thought that clients wanted to be simply clerks, the clients often wished to be typists or bookkeepers. The socio-economic status of bookkeeper and typist is higher than clerk, but all of them would be classified by the census code to be in the same field. The medical setting, as well as clerical, was popular among workers as well as clients, but within

TABLE 7-4

Jobs That Workers Thought Clients Wanted and Jobs That Clients Wanted at Referral, Census Code Classification

JOBS CLIENTS WANTED AT REFERRAL:	Jobs That Workers Thought Clients Wanted					
	Prof & Tech	Mgrs & Off	Cler & Kind	Crafts & Kind	Serv Wkrs	TOTAL
Professional, Technical and Kindred	1	--	2	--	1	4
Managers, Officials and Proprietors	--	1	--	--	--	1
Clerical and Kindred	1	--	7	--	1	9
Craftsmen and Kindred	1	--	--	--	--	1
Service Workers	1	--	1	--	3	5
TOTAL	4	1	10	--	5	20

this field disagreements occur as to the specific jobs, i.e., registered nurse, nurse's aide, medical technician, etc.

It must be emphasized that the above disagreement is mainly accounted for by personal differences between workers and clients, not by clients' "extravagant" aspirations. Both workers and clients talked about jobs in similar settings--nursing, clerical, technical and service industries. The range of occupations considered was not so great, but within this range workers did not seem to be acquainted with their clients' specific choices.

As a further means of assessing agreement and disagreement between clients and WIN workers, a series of occupations was presented to each set of respondents. The WIN workers were asked whether the client could do the job now, could do the job after training or could not do the job even with training. The clients were asked parallel questions, and they were also asked whether they would like such a job or not.

Nine occupations were listed. As will be recalled from Chapter 6, the most popular occupations with clients were counselor, dietician and technician.

The least popular were household help and waitress.

As Table 7-5 shows the highest overall number of agreements between workers and clients about ability to perform on a job was found in household workers and waitresses, which were also the least popular occupations among clients.

TABLE 7-5

Ratings of Occupations by Number of Agreements About Ability to Perform

OCCUPATIONS:	Can Do Now	Can Do After Training	Cannot Do	Total Agreement
Household worker	27	--	--	27
Waitress	22	--	--	22
Medical Technician	--	19	2	21
Assembly Line Worker	16	1	--	17
Saleswoman	13	4	--	17
Dietician	--	12	2	14
Counselor	--	12	1	13
Teacher	--	12	1	13

Evidently, agreement is achieved in the case of low status occupations which also do not require training. With the exception of medical technician, the more professional a job is, the more controversial it becomes. Analysis of the disagreements which occurred in the more professional occupations, revealed that clients were more confident than their workers about their ability to perform these jobs, with or without training.

In the case of the "Dietician," nine clients thought they could do the job with or without training; seven of their workers, on the other hand, thought they could never make it, and another two did not know. For the other occupations we find: "counselor," eleven clients thought they could do the job but their workers disagreed with them; "teacher," 13 clients thought they could

become a teacher, 11 of the counselors disagreed and two did not know. It seems that although clients direct their aspirations toward the middle status occupations, more of them perceive themselves as able to do professional jobs than would their workers. Team members' perceptions of clients' abilities seem to appear cautious concerning professional occupations.

Chapter 8

The WIN Team

> "A significant feature of the WIN Program...(is) the 'team concept' of providing services, in accordance with an individual employability plan for each enrollee...Team members, each contributing his special knowledge and experience, work with the trainees to develop an employability plan...
>
> The team concept provides for a limited caseload, allowing each member to know and work with each participant. It also calls for a continuity of interdisciplinary services... The team concept has proved so successful that it is being introduced into other manpower programs."[1]

The above statement suggests a number of questions concerning the use of teams in WIN. Does the team, in fact, offer a range of interdisciplinary services? Is there agreement on the team as to who provides what services? Do the specialists differ in what they do and how do they differ? In this chapter we will attempt to provide some answers to such questions.

The Sample

The sample consisted of all active WIN teams in the Chicago, Cleveland and Detroit WIN programs. Data were obtained from all but a few WIN team members (primarily coaches) though, as will be noted later, some team members, mostly in Chicago, were unable to provide certain kinds of information because of their newness to the program.[2]

Across the three sites, the sample is composed of 30 teams. However, we were able to secure data from only 22 complete teams: 10 teams in Chicago; 9 in Detroit; and three in Cleveland, excluding the Orientation and Assessment team. There were 117 individual respondents, including the "other" category

1. United States Department of Labor, Manpower Report of the President: A Report on Manpower Requirements, Resources, Utilization, and Training. (Washington,D.C.: U.S. Government Printing Office, 1970), p. 75.

2. The number of teams in the Chicago WIN office was doubled shortly before our data collection began.

TABLE 8-1

WIN Team Members in Sample, by City

City	No. of Teams	Counselor	Work and Training Specialist	Enrollee Advisor (Coach)	Manpower Specialist	Other
Chicago	16	15	16	10	16	4
Cleve-land	4*	4	3	2	3	4
Detroit	10	10	10	10	9	1
TOTAL	30	29	29	22	28	9

* One Cleveland team was an Orientation and Assessment Team composed of one Counselor and four Orientation and Assessment Specialists. In general, the "O and A" team will be excluded from this analysis due to its limited functions and lack of comparability with other teams.

consisting of the Orientation and Assessment team in Cleveland and the second Work and Training Specialists on some Chicago teams.

Description of Team Positions

The WIN teams were composed of four basic persons:

(1) The Counselor--The Counselor's job focuses primarily on providing an individualized array of vocational and personal counseling services to WIN enrollees in making occupation or job choices, training program choices, job or training program changes, and other job-related adjustments. The Counselor has the responsibility for making needed services available to the enrollee and for acquainting the enrollee with the world of work and help him see how he can fit into it. The Counselor's duties also include the principal responsibility for keeping the team focused on the enrollee's employability plan which gives the Counselor a functionally pivotal position on the team.

(2) The Work-Training Specialist--The function of the Work-Training Specialist (WTS) is to develop and implement work experience and training projects and to expedite other services. Essentially, he is responsible for enrollee program orientation and for developing and monitoring individual training programs and the enrollee's performance in the training programs.

(3) The Coach--The Enrollee Advisor (EA) focuses on individual assistance and aid to enrollees with family, financial, transportation, and other personal problems impinging on the employability plan and successful job maintenance. He is also concerned with enrollee-team relations. He assists the enrollee in resolving minor problems which do not

require intervention of the Counselor or Work and Training Specialist. He may also conduct sessions on interpersonal relations, grooming, use of community services and money management. However, the EA differs from the Counselor in that the EA was originally conceived of as an "on the street" worker or a pre- or para-professional position.

(4) The Manpower Specialist--The Manpower Specialist (MS) is the position on the team with the responsibility of employer relations, job development and placement, enrollee job monitoring and the development and placement of WIN enrollees in "on-the-job" training positions when needed.

Each team member's inputs are to be defined by client or enrollee needs and the worker's specialty. The WIN team as a whole is responsible for the enrollee caseload. Enrollees are not assigned to individual workers. This pattern or division of labor among workers rests on the service episodes or limited areas of service related to specific goals.

Rationale for the Team Approach

The rationale for the team approach is that it allows for greater efficiency and effectiveness of workers' inputs than would be possible if the individual worker had responsibility for all service inputs to a specific caseload. Each staff member, if utilized properly, should engage primarily in those activities for which he is best equipped.

The team as a unit has the responsibility for developing and operationalizing the enrollee's employability plan. The employability plan "shall describe the education, training, work experience, and orientation which it is determined (i.e. by the team) that each such person (i.e. enrollee) needs to complete in order to enable him to become self-supporting." The employability plan can include, in addition to basic counseling, testing, and job referral, features such as "program orientation, basic education, training in communication skills, work experience, institutional training, on-the-job training, job development, and special job placement and follow-up services..."[3]

3. The WIN Handbook, Guidelines and Procedures for the Operation of the Work Incentive Program. (Columbus, Ohio: Ohio Bureau of Employment Services, August, 1968 /with revisions/), p.194.

Though individual team members are not assigned individual client caseloads, they are responsible for making their inputs to each client in the team caseload to help him reach the goal of employment. Differentiation of responsibility within the team rests on the general assumption that each team member will develop expertness in a particular specialty, and will apply his knowledge to those enrollees who require it. If the team is to be effective, however, several additional assumptions should be satisfied:

(1) The organization is able to differentiate into discrete elements activities necessary to reach its goals and meet enrollee needs;

(2) The organization is able to assign the elements by some criteria to individual team members, in such a way that each member knows his domain;

(3) The organization is able to coordinate inputs of individual team members in a manner that effectively meets its direct output goals.

Biographical Characteristics

Counselors in the sample were predominantly female, white and under 35, as were the Work and Training Specialists. Manpower Specialists were predominantly white but tended to be older, with approximately 50 percent over 50. The majority of the Coaches were female; all of them were black. They generally clustered in the 30-49 year age bracket. Overall, 60 percent of all WIN workers were female, approximately 57 percent were white, 37 percent were under 30 and 83 percent were under 49 years old. Generally the Team members have been long time residents of the study cities (59 percent) or of the Northeast (81 percent).

Education and Training

Educational backgrounds vary among the four specialties (Table 8-2). Counselors are better educated, with all having an undergraduate degree or above

as compared to none for Coaches, slightly less than 68 percent for Manpower Specialists and 82 percent for Work and Training Specialists. Only Work and Training Specialists and Counselors have graduate degrees.

TABLE 8-2

Highest Educational Attainment by Position

LEVEL	Counselor	Work and Training Specialist	Coach	Manpower Specialist	Other	Total
12th Grade (H.S.)	--	--	13*	7	3	2
Some College (no degree)	--	3	5	5	--	13
Undergraduate degree	12	15	--	13	3	43
Some Graduate Study (no degree)	7	5	--	4	--	16
Graduate degree	10	6	--	--	3	19

* Two Coaches included above have less than a high school education.

College training was generally in the social sciences, approximately 66 percent of all those with post-secondary education; the humanities were second, accounting for 18 percent of the total; the remaining major areas of college study were divided largely among social work, education and business.

Fourteen Counselors, 21 Work and Training Specialists, 12 Coaches and three Manpower Specialists plan additional education. Social sciences account for 63 percent of higher education plans, followed by social work with 14 percent, biological sciences with 8 percent and 5 percent each for business, education and other majors. However, only a small proportion of the team members (10 Counselors, 7 Work and Training Specialists, 3 Coaches and 1 Manpower Specialist) indicated in open-ended questioning that their formal education was important preparation for their present positions.

Respondents were asked to rate the importance of various sources of

information they have used in learning their job. Table 8-3 presents the resulting data.

TABLE 8-3

Team Members' Assessment of Sources of Information

SOURCE (In order of importance)	Scores*, Rank Ordered				OVERALL
	Counselors	WTS	Coaches	MS	
1. Other WIN Staff	1 (48)	1 (45)	1 (31)	1 (42)	1 (166)
2. Enrollees	2 (39)	2 (36)	3 (28)	7 (24)	2 (127)
3. Training Prior to WIN	3 (38)	3 (31)	2 (29)	6 (28)	3 (126)
4. Supervisors	4 (28)	4 (30)	6 (24)	4 (32)	4 (114)
5. Agency Bulletins, Manuals, Other Written Material	5 (25)	5 (21)	7 (22)	2 (37)	5 (105)
6. Agency Orientation and Training Programs	6 (22)	6 (20)	4.5(26)	3 (35)	6 (103)
7. General Staff Meetings	7 (21)	7 (13)	4.5(26)	5 (30)	7 (90)
8. Employment Service Staff Other than WIN	8 (13)	8 (7)	8 (18)	8 (18)	8 (50)

* Scores were obtained by asking the respondents how important the above items were to them in learning their job. Response categories were: Very Important; Important; Somewhat Important; Unimportant; and Not Used. A score of "2" was assigned for Very Important and "1" was assigned for Somewhat Important. Ranks are based on the summated scores for each position. Potential overall score for each item ranges from 238 (all respondents rate as Very Important) to "0" (all respondents rating of Unimportant or Not Used).

Of all sources of information, respondents rated "Other WIN Staff" as most important and "Employment Service Staff other than WIN" as least important. These were the only two areas of agreement across all four positions. Enrollees, as a job learning source, was rated second by Counselors, Work and Training Specialists, and third by Coaches. However, they were ranked last by Manpower Specialists. Inservice training mechanisms generally ranked fourth through eighth except for the Manpower Specialists who appear to rely more heavily on written materials and formal training sessions than the other specialists.

The differences in ratings of the agency socialization devices--those devices under the control of WIN--were statistically significant (Table 8-4). The devices rated were: (1) Agency orientation and training programs; (2) General staff meetings; (3) Supervision; (4) Written material; (5) Other WIN staff; and (6) Employment service staff. Scoring was on a 1-4 scale, with low scores indicating greater importance.

TABLE 8-4
Rating of Agency Socialization Devices by Position

Position	Sum of Squares	Mean	Standard Deviation
Counselor	365	13.03	2.47
WTS	395	13.62	2.11
Coaches	209	11.00	3.01
MS	325	11.60	2.97

Source of Variation	d.f.	Sum of Squares	Mean Square	F-Ratio	Probability
Between Position	3	109.18	36.39	5.25	.002
Within Position	100	692.47	6.92		

As Table 8-4 shows, Coaches rated agency socialization devices as more important in learning their job than did the other team members. Coaches, it will be recalled, had the lowest amount of formal education, a factor that may have contributed to the importance they attached to agency socialization.

Previous Experience in WIN and the Employment Service

Most team members had relatively short tenures in WIN: 51 percent of Counselors, 55 percent of Work and Training Specialists, 50 percent of the Coaches and 42 percent of the Manpower Specialists had less than one year's WIN experience at the time of data collection, although the project had been in operation for each site for at least 32 months at that time. The mean amount of experience in WIN was approximately one year for all positions, except the Manpower Specialist whose average tenure was 21 months.

TABLE 8-5

Length of Time in Employment Service by Months

MONTHS	Position			
	Counselor	WTS	Coach	MS
0 - 12	7	9	11	1
13 - 24	7	4	7	2
25 - 36	7	8	1	3
37 - 48	1	4	1	2
49 - 60	1	3	--	1
61 - 72	2	-	--	3
72+	4	1	--	15
TOTAL	29	29	20	27
Mean Length (years)	2.6	2.2	1.1	5.1

With the exception of Coaches, most team members had longer tenure with their respective employment services than with WIN (Table 8-5). Seventy-six percent of the Counselors, 69 percent of the Work and Training Specialists, and 97 percent of the Manpower Specialists had over one year employment service experience. Fifty-five percent of the Manpower Specialists had six years of service with the employment service.

Attitudes and Perceptions of Team Members

Few systematic differences in respondents' attitudes and perceptions were related to their position on the team. The major difference occurred in relation to orientation toward the client.[4] The Manpower Specialist was appreciably less "client-centered" in his orientation than were the other team members.

The differences between sites were greater than the differences between

4. The client orientation scale was a measure of extent to which team members identified themselves with client interests as opposed to agency interests.

positions across sites. For example, while there was not a statistically significant difference in the Scope of Interest in Enrollees, Evaluation of Job Barriers and Purposes of WIN across position, there were statistically significant differences between sites on these variables, in addition to significant differences in respect to orientation toward the client.[5]

In brief, Cleveland team members tended to consider a larger number of enrollee characteristics to be important to success in WIN than team members from the other cities, while Detroit workers tended to see more barriers or obstacles to employment of the typical WIN enrollee than Cleveland and Chicago workers. Team members in Chicago tended to be more client-centered in their orientation than their Cleveland counterparts. Chicago workers scored the highest on a scale to measure degree of work alienation, while Cleveland workers scored the lowest. Cleveland workers were more likely to accept the official purposes of WIN than workers in Chicago and Detroit.

There was a significant interaction between position and site in respect to orientation toward the client (Table 8-6). Although significant by position with the Work and Training Specialist (WTS) demonstrating a higher client-centered orientation, the Detroit Work and Training Specialists had the greatest "client orientation" scores, followed by Chicago's Coaches. In general, Cleveland had the lower client orientation scores, with their Manpower Specialist (MS) having the lowest client orientation. Manpower Specialists, in general, demonstrated low client orientations and were followed by Coaches.

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5. One-way analysis of variance, $p < .05$.

TABLE 8-6

Analysis of Variance for a Three Factor Crossed Classification: Client Orientation,* Functional Position, and Site

Source of Variation	d.f.	Sum of Squares	$\bar{X}^2$	F-Ratio	Probability
Position	3	46.08	15.36	3.91	.01
Site	2	16.06	8.03	2.04	.14
Position/Site	6	52.31	8.72	2.22	.05
Within Error	71	278.79	3.93		

CITY	Mean Scores and Standard Deviations (in Parentheses)			
	Counselors	WTS	Coaches	MS
Cleveland	12.0 (2.0)	11.5 (0.5)	11.5 (1.5)	8.0 (2.0)
Detroit	12.9 (2.02)	14.0 (2.0)	11.2 (1.8)	10.7 (1.5)
Chicago	12.1 (1.9)	12.0 (1.5)	13.3 (1.7)	11.6 (2.1)

* The higher the score, the greater the degree of client-centeredness. Scores could range from 4 to 16.

Division of Labor Among Team Members

The major thrust for using different specialists, whether or not they differ in attitudes or perceptions is to provide the enrollee with a "continuity of interdisciplinary services" based on special knowledge and experience. As one measure of the division of labor, respondents were asked to "indicate how frequently you discuss the following with any of your enrollees." (See Table 8-7).

Securing additional education, locating a job and medical problems constitute the area of greatest attention for all team members. Housekeeping problems and marital or premarital counseling are the areas of least emphasis. It is interesting to note that among Manpower Specialists, counseling around "locating a job" ranked third with a mean rating of 3.11 or "occasionally." All other positions rated locating a job higher than did Manpower Specialists. The latter indicated that generally they devote less attention to "counseling"

or discussion with their enrollees than do the other functional specialties. However, utilizing a one-way analysis of variance, crossed by position, the four specialties did not differ to a statistically significant degree on the counseling services offered (F-Ratio = 1.32; Probability = .27). In short, though differing slightly in emphasis and ordering, the four positions generally provided the same range of counseling services.

TABLE 8-7

Counseling Services by Topic for Functional Specialties

TOPIC AREA	Counselor (Rank)	WTS (Rank)	Coach (Rank)	MS (Rank)
1. Securing Additional Education	4.45 (1)	4.50 (1)	4.41 (1)	4.14 (1)
2. Locating a Job	4.06 (2)	3.93 (2)	3.59 (2)	3.11 (3)
3. Need for Medical Attention	3.93 (3)	3.42 (3)	3.50 (3)	3.32 (2)
4. Appropriate Spending of Money	2.69 (5)	2.40 (5)	2.45 (6)	2.46 (4)
5. Raising Children	2.58 (6)	2.57 (4)	2.57 (5)	2.11 (6.5)
6. Getting Along with Friends and Relatives	2.72 (4)	2.26 (7)	2.67 (4)	2.07 (8)
7. Recreational Activities	2.55 (7)	2.33 (6)	2.25 (9)	2.32 (5)
8. Desirable Adult Behavior	2.37 (8)	2.15 (8)	2.34 (7)	2.11 (6.5)
9. Housekeeping	2.00 (9)	1.63 (10)	2.09 (10)	1.71 (9)
10. Marital or Premarital Counseling	1.89 (10)	1.66 (9)	2.24 (8)	1.64 (10)

Response categories and codes were: Always = 5; Frequently = 4; Occasionally = 3; Seldom = 2; Never = 1. Scores were summated and divided by the number of respondents for each item.

Task Allocation

Respondents were asked to allocate 21 tasks to the members of the team.[6]

6. For example: "Helping the enrollees with family, social, and neighborhood problems;" "Assuring that continuous assessments, feedback, and records of client progress in all phases of the program are available to the team;" "Assessing enrollee's job preferences and skills to determine what training programs are needed;" "Providing specific information to the team on the conditions of

The teams were then rated in terms of their agreements and disagreements on task allocations. The potential range of scores was between 21 (all agree) to 105 (all disagree).

TABLE 8-8

Team Agreement Scores on Task Allocation

Cleveland Teams	Detroit Teams	Chicago Teams
39	48	41
43	49	48
53	56	49
	57	50
	61	50
	62	50
	66	55
	67	58
	68	59
	72	59
		61
		61
		63
		63
		66
		71

Team scores were developed as follows: 1 = all members assignments agree; 2 = 3 members assignments agree; 3 = members paired on assignments; 4 = only two members assignments agree; 5 = all members disagree. Scores for the 21 items were summated for the team score.

the labor market and specific job opportunities available and the training, skills, and knowledge required for the specific job opportunities;" "Providing information to the team regarding needs, resources, and problems of the enrollee and the enrollee's neighborhood based on first hand observation, personal experience, and direct interview."

As can be seen, there was considerable disagreement among team members on the assignment of tasks. Cleveland teams had the greatest agreement on the division of labor, followed by the Chicago teams. The differences by sites is significant ($p < .05$, one-way analysis of variance).

Team Interaction

It is apparent from data presented thus far that WIN team members, despite differences in title, tend to perform similar functions with a good deal of disagreement about the tasks each should perform. Nonetheless, the team members do work together to carry out various objectives in respect to their enrollees. Thus their patterns of interaction comprise another important dimension of the functioning of the WIN team.

As indicated in Tables 8-9 and 8-10 below, interaction was rated as very high or somewhat high by most respondents. No systematic differences either by position or by site were evidenced in the amount of perceived interaction among team members.

TABLE 8-9*

Amount of Interaction on WIN Teams as Perceived by Team Members

AMOUNT OF INTERACTION REPORTED:	Number of Team Members Reporting			
	Counselor	Work and Training Specialist	Coach	Manpower Specialist
Very Low or Somewhat Low	5	6	3	8
Very High or Somewhat High	18	13	15	13

TABLE 8-10*

Amount of Interaction on WIN Teams as Perceived by Team Members, by Site

AMOUNT OF INTERACTION REPORTED:	Number of Team Members Reporting		
	Chicago	Cleveland	Detroit
Very Low or Somewhat Low	9	2	11
Very High or Somewhat High	21	14	29

* The N's in these, and some subsequent tables, do not include the newly hired team members in Chicago who did not have sufficient work experience to respond to these and other items.

While there was no apparent difference in the total amount of interaction on the team, there were differences in the perception of whether one particular team member "was likely to do most of the talking," which we are interpreting as an indicator of at least one type of leadership. Although position on the team did not affect the indication of whether or not an interaction leader was identified, there was a significant difference among sites in willingness to identify such leadership; Chicago respondents were less willing to indicate that one person held such interaction leadership while Cleveland respondents were more willing to do so. The position of the leader (if one was identified) was more often the Counselor than other positions. Here again, there was little variation in response to this question by position. Across site, however, there did seem to be differential emphasis on the Counselor's leadership role. In Cleveland only one of 11 respondents indicated a person other than the Counselor as leader, while five out of 12 Chicago respondents indicated the Manpower Specialist or the Work and Training Specialist in the leadership role. In Detroit, attribution to this leadership role (when it was done) was distributed more evenly over all positions than it was at the other two sites.

It is clear from these data that the attribution of leadership roles tends to be colored more highly by the organizational and environmental variables associated with different sites than by the internal team-structure variable of position. Cleveland's willingness to identify the Counselor as leader may be a reflection of a more bureaucratic approach to team operation, with a clearly agreed upon team leader, than is the case in the other cities.[7]

7. It should be noted that a very recent change in Cleveland's team operation (8 months after these data were collected) has occurred. There is a reemphasis of flexible and rotating leadership on teams (on a problem oriented basis).

A second characteristic with regard to team process which was examined referred to the tendency to "take sides" in disagreements, on the part of team members. While no significant differences occurred either by positions or by sites, there was a tendency for Counselors and Manpower Specialists to indicate even less side-taking than did Work and Training Specialists and Coaches. In general, little side-taking (only 15 of 45 responses overall) was noted.

There appear to be only slight differences among team members in the perception of side-taking on decisional issues. The different backgrounds and experiences (education, etc.) of team members in the various positions is as plausible an explanation of what little perceived side-taking exists as is difference in the task domain of the team members.

Patterns of Collaboration and Morale

While the data which we are reviewing in the present chapter seem, again and again, to point to the failure of position to account for differences in respondent choices, actions or perceptions, this does not mean that the team is not a meaningful work group. Respondents were asked to rate their relationships with other team members, with the WIN-Welfare liaison, with Welfare Department caseworkers, and with WIN team supervisors, as collaborative (highly collaborative or somewhat collaborative) or conflictual (highly or somewhat conflictual). Over 80 percent of all respondents identified relationships as collaborative over all categories (team and non-team members). Of the conflictual relationships more than one-fourth involved the supervisor.

As indicated in Table 8-11, while the highest collaboration apparently existed between the team members and the welfare liaison worker, collaboration was high among all the team members. Collaboration is found more often within the team than between team members on the one hand and caseworkers and supervisors on the other.

TABLE 8-11

Conflicted and Collaborative Relationships
Reported by Team Members

POSITION RELATED TO:	Percent of Team Members: Reporting Conflicted Relationship	Reporting Collaborative Relationship
Counselor	19	81
Work and Training Specialist	7	93
Coach	9	91
Manpower Specialist	20	80
Welfare Liaison Worker	9	91
Caseworker	30	70
Own Supervisor	33	67

Total Team Members Responding = 82
$\chi^2 = 38.2$ $p < .01$ 5 d.f.

While these data document that the team structure does create a close working group, they also point to the effects of a somewhat inconsistent organizational structure since a team approach and a traditional bureaucratic worker-supervisor relationship are supposed to exist simultaneously.

Respondents also were asked to note the morale of their team and the factors contributing to this morale. Position, rather than city, accounted for significant differences in response (Table 8-12). The Work and Training Specialists perceived lower morale than did other team members, particularly lower than the Counselors' rating of morale. While work activity and decision

TABLE 8-12

Perceptions of Team Morale by Team Members

RATING OF TEAM MORALE:	Number of Team Members Responding: Counselor	Work and Training Specialist	Coach	Manpower Specialist
Very Low or Low	5	13	3	8
Very High or High	21	15	19	18

$\chi^2 = 7.48$ $p < .05$ 3 d.f.

processes do not seem to be related to position, it may be that some interpersonal aspects of team process are affected by the position designation. Alternatively, the different backgrounds in regard to education and experience of those team members occupying different positions, could equally well explain the differing positions with respect to morale. While morale tended (non-significantly) to be rated as better in Cleveland than at other sites, the majority of respondents at all sites rated morale as high.

Team Decisions

Two separate but related strategies were utilized to assess the process of team decision-making. The first strategy was to elicit the major types of decisions team members actually encountered while working with clients. The second was to examine decision-making in relation to a series of hypothetical cases.

Respondents were first asked to identify the major types of decision issues which normally arose in their teams. Here again, site related variables significantly affected the identification of decision issues which teams face. There were no significant differences in the types of decision issues identified by individuals occupying different positions.

Responses to the question "What kinds of issues are most likely to arise in your team?" were analyzed with regard to all of the issues respondents indicated. A separate analysis concerning the first issue which respondents mentioned was also conducted. (We could not assume that the first mentioned issues were necessarily the most important to the respondent.) Decisions pertaining to working with clients were most often indicated as an issue which arises on the team. These decisions were also most frequently the first mentioned type of issue. No significant difference occurred in the identification of team issues by respondents in different positions on the WIN team. However,

as indicated in Table 8-13, decisions regarding clients were mentioned proportionately more often in Chicago than the other two sites. In this case again, as has been the case of much of our analysis in this chapter, the environmental variable of location seems to be a stronger predictor of differences in issues perceived to arise on teams than is team position.

TABLE 8-13

Issues Arising in WIN Teams for Three Sites

SITE	Percentage Distribution of Issues Mentioned: Decisions Regarding Enrollees	Team Members Role Performances	Agency Procedures and Policies	Inter-Agency Problems	Total Percent
Chicago	61	9	13	17	100
Cleveland	50	24	26	--	100
Detroit	39	20	13	28	100

The identification of times for major team decisions is another area in which significant differences occurred by site but not by position. Each respondent was asked to identify three or four major decision times during the course of his contact with an enrollee. Table 8-14 presents the major decision times identified by the team members.

TABLE 8-14

Times for Major Decisions in Working With a Client as Reported by Team Members

POSITION:	At First Interview		Before Entry Into First Ed or Trng Component		During Or After First Ed or Trng Component		During Or After Subsequent Components		TOTAL
	No.	Pct	No.	Pct	No.	Pct	No.	Pct	
Counselor	16	26	16	26	10	16	19	31	100
Work and Training Specialist	15	23	26	39	9	14	16	24	100
Coach	10	24	13	32	2	5	16	39	100
Manpower Specialist	10	20	17	35	3	6	19	39	100

As Table 8-14 indicates, there is an observable but still not significant tendency for Work and Training Specialists to identify the "before first component" as an important decision point and for Manpower Specialists to emphasize the "during and after training period" as a major decision time.

Of course, these trends would be expected on the basis of job descriptions presented at the beginning of the chapter. Yet, it is interesting to note that even in the identification of major decision points in accord with official job descriptions, the choices made by team members in different positions failed to differ significantly from one another.

The inter-site comparisons again showed the effect of environmental context on the major decision times which team members identified. Respondents in the Detroit sample emphasized those decisions which occur during and after training has begun while Chicago respondents identified pretraining decision times ("at first interview" and "before first component"). Table 8-15 presents the distribution of identified decision times for the three WIN program sites.

TABLE 8-15

Major Decision Times Mentioned by Team Members in Three Sites

SITE:	Percentage Distribution				
	At First Interview	Before Entry Into First Ed or Trng Component	During Or After First Ed or Trng Component	During Or After Subsequent Components	TOTAL
Chicago	25	48	4	23	100
Cleveland	26	26	17	31	100
Detroit	24	20	10	46	100

Parenthetically, when one examines the first decision which respondents mentioned, the findings indicated in the above tables are once again supported.

There is no apparent systematic difference in the first mentioned decision time by position, but Chicago respondents identified earlier decision times more often than the respondents in other sites.

Hold Related Decisions

One area of team decision-making pursued in depth in the interview with team members was the use of hold. Respondents were asked to discuss the reasons they felt they could legitimately place clients into hold categories. In general, across city and across position, there was agreement about legitimate uses of holding categories (see Table 8-16).

TABLE 8-16

Legitimate Uses of Holding Categories, by Four Positions

REASON:	Counselor	Work and Training Specialist	Coach	Manpower Specialist
Medical	20	15	12	12
Child Care*	17	14	6	5
Family Problem	2	2	--	1
Wait for a Program	15	16	13	14
Revise Plan for a Client	3	6	1	5
Non-Program Related	7	8	5	6
As Punishment	4	7	1	3
N** =	27	26	22	26

* Interposition difference $p < .003$

** This row represents the total number of respondents to this question by position. For example, 20 out of the total 27 Counselors mentioned medical reasons as legitimate uses of hold, while only 4 of these same 27 Counselors listed punishment as a legitimate use of hold.

Overall, three uses of hold are perceived as legitimate by large numbers of respondents: child care problems, waiting for a program to begin, and medical problems. Of these, child care problems were definitely perceived as more legitimate by Counselors and Work and Training Specialists. It is also

interesting to note that more than one-fourth of the Work and Training Specialists thought that it was legitimate to use "holding" as a means of punishment.

In the above data we do begin to see an indication of some division of labor in decision-making on the basis of position, since the greater use of child care as a hold category is indicated by Counselors and Work and Training Specialists. It would be expected that these individuals would be the first to hear of and to respond to such problems. The failure of other reasons for the use of hold to be distinguishable between positions again points to the lack of distinction between task domains on the part of team members.

There were no statistically significant differences in the legitimate use of hold categories between cities. Cleveland workers, however, strongly tended ($p < .07$) to use medically related hold less than did respondents in other cities.

Decisions on Individual Cases

We have repeatedly referred to the dominance of environmental variables over team position as a determinant of actions and decisions. One method utilized by the research team to reduce the environmental constraints placed upon team member action was to ask each respondent to make recommendations about a series of hypothetical cases of WIN enrollees.

Team members were asked to make choices as to the appropriate action with regard to a particular (hypothetical) client and then to rate a series of factors (prior work history, current motivation to work, personality characteristics, work skills, potential job market and record in WIN) with regard to the importance of each in making their decisions. Respondents also indicated the amount of intra-team and team-supervisor agreement they would expect regarding their personal decision about the particular client. Overall, there were few areas of systematic difference among team members on the basis of

position. By and large, neither position nor site significantly accounted for the differences in actual recommendations made.

Differences in decision making on the basis of team position occurred only in the case of Mrs. G.[8] where a choice was between enrollment in a computer programming course, which would be difficult to pass, (which she wanted and for which she would need additional help and counseling but which reflected a long term upgrading type of goal) or into a training program for being a keypunch operator (short term, easier to achieve but not what she preferred) and counseling to help her accept this personally disappointing team decision. The Coaches generally advocated placement of the client into the programming course (the client's desire) while the Manpower Specialists tended more often to recommend the quickly completed keypunch operator program ($p < .003$).[9] Also, with regard to the overall perceived team choice, Manpower Specialists predicted a team choice of keypunch operator training, while other team members tended to predict a team choice of the programming course ($p < .02$). Interestingly enough, most team members predicted that there would be supervisor-team agreements. This was particularly true of the Work and Training Specialists and the Manpower Specialists ($p < .05$).

In reviewing other differences between team member responses to the analogs, it should be noted that in the case of Mrs. F.[10] previous work history

8. Mrs. G., is a 31 year old mother of three, a high school graduate with low grades and marginal learning ability scores. She had volunteered for WIN to get computer programming training.

9. Responses to these decision problems were analyzed by means of one way analyses of variance. In this analysis the orientation and assessment team was included as well as the four regular team positions. In the analysis, team position and program site were used as independent variables.

10. Mrs. F., a 28 year old mother of four, was willing to comply with caseworker and team recommendations, but had no real interest in the WIN training program. She had an unsuccessful enrollment in a variety of training programs prior to this decision point. Mrs. F. had stated that she found it "hard to think about studying or working with four kids to worry about." Respondents were asked to choose among four alternate decisions: clerical training; basic

was considered less important as a factor in determining which recommendation to make by the Work and Training Specialists and by the Manpower Specialists than by the other team members (or O and A team members) ($p < .05$). Similarly, job market was considered as less important by the Counselors than by other team members in making a recommendation for Mrs. F ($p < .05$). In general the client's motivation in the hypothetical cases was regarded by the team members as the single most important factor influencing their decisions.

In considering the case of Mrs. J., a woman with severe emotional and child care problems which interfered with her involvement in the WIN program, Work and Training Specialists (and the O and A team members) tended to consider as less important "the work skills" of the client in making their recommendations in comparison with other team members ($p < .05$). In rating the importance of the job market in this case the Coaches and the Manpower Specialists considered it more important than did the other team members ($p < .01$).

Inter-site differences were clearly less frequent in these hypothetical cases than they were in the actual decisions and opinions reported by team members. Two differences worth noting did occur however. With regard to the case of Mrs. F., presented above, respondents in Detroit were less likely to recommend termination with good cause than were Chicago respondents ($p < .02$). In the case of Mrs. G., also mentioned above, Cleveland respondents were less likely to recommend additional alternatives than were respondents in the other two sites ($p < .05$).

More interposition differences do occur in the hypothetical cases than are reported in the areas of real decisions discussed earlier. Where such

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10. (Cont.) education; immediate placement in an unskilled job; or termination from WIN with good cause. Sixty-two percent of the respondents (N = 117) recommended termination; 23 percent education; 10 percent clerical training; and only 5 percent placement in an unskilled job.

interposition differences do occur, they are more consistent with the job description of the positions of various team members than are the actual actions, decisions and reactions discussed earlier in the chapter. However, there still is relatively little interposition variance with regard to these cases (at least less than one would expect in the discussion of these particular hypothetical cases and alternatives). Here again, background factors such as education and previous work history, as discussed earlier in this chapter, could account for those few differences which we have noted. While the relative lack of interposition differences points to the possible utility of teams as work groups, it indicates the lack of distinction between the disciplines (specialties) upon which the interdisciplinary team concept has been built.

Conclusions

The findings of our study as it relates to WIN team members and their decision-making have repeatedly pointed to a limited number of important conclusions:

(1) The environmental variables which differentially affect WIN project sites (local economy, local industrial base, interorganizational environment, differential client and staff characteristics) are clearly more telling variables in the determination of WIN team decisions and actions than are the internal-structural variables represented by team member position.

(2) There were, overall, very few differences in the decisions or actions of team members which could be accounted for on the basis of position on the WIN team.

(3) What few differences do appear to be associated with team member position could be as well explained by the demographic, background, work experience and educational differences among position occupants as by differences in actual (or official) task domain.

(4) There is utility in the team as a multi-person work group, where discussion of decisions can occur and where interpersonal support for worker actions can be provided. We found a notably high degree of collaboration among team members. There was significantly more collaboration within the team framework than across the boundary of that framework, particularly concerning the supervisor.

(5) The question of leadership among team members is an interesting one. Where an informal leader (as defined by gross amounts of interaction) has emerged, it has generally been the Counselor, the most highly educated team member, who is identified. Cleveland was the site which contributed the most to this over-representation of the Counselor. In Detroit, where a leader was identified, the choices of leader were more evenly distributed across position. In general, however, there was reluctance to identify an interaction leader. This resistance again points to the acceptance (at least in areas where it is within the power of the respondents to do so) of the team concept. In Cleveland, where there had been greater readiness to identify a team leader, there has recently been a re-emphasis of the concept of flexibility of leadership among all team members (eight months after our data had been collected), which is again a re-emphasis on the utility of the team concept for work groups.

(6) One of the two major difficulties which the team approach has encountered, and one which a re-evaluation of overall organizational policies could rectify at least in part, is the existence of an inherently conflicted organizational structure. This conflicted organizational structure can easily place (and often apparently has done so) conflictual (inconsistent) task demands on WIN team members. A team-oriented structure emphasizing consensus as a decision mechanism is inconsistent with a bureaucratic--line type--

authority structure (represented by the use of traditional supervisory roles in WIN organizations) with decisions based on hierarchical mandate. This inconsistency may account, at least in part, for the failure of the structural variable of team position to account for many differences in member decisions or actions as reported in real situations. When the Decision Problems--the hypothetical case analogs--are considered and this structural inconsistency is lessened (but still a factor to be considered), a little more interpositional variation does occur in choices of and in recommendations and weightings of decision factors. The task demands and expectations regarding consistent behavior by a supervisor of his supervisees (the team members) might then run counter to the differential emphasis on aspects of decision situations which would follow from formal job descriptions.

If different supervisors interpreted their roles more as ones of experts and feedback resources for the team rather than as traditional supervisors of workers, then one might expect greater interpositional differences on the team with whom they work. It may be that in the cases where interpositional differences did occur (although no overall differences could be noted), it occurred among teams with supervisors who interpreted their roles in this way. One would expect less interpositional variation among team members when a supervisor demanded immediate placements, etc., of all his workers, than would be expected where the resource and feedback role was taken by a supervisor in dealing with his team as a unit.

In examining team-supervisor interaction, the higher degree of conflictual relationships noted may be readily accounted for when the inconsistent structure within WIN project organizations is considered. Neither the bureaucratic model nor the team model can be fairly assessed in terms of effectiveness

when they are working against each other. The strengths of the team as a work group still are evident in non-decisional areas such as interpersonal interaction, the lack of side-taking, etc.

(7) The second factor which seems to account for the failure of interpositional differences to occur in real decision-making is that often there is a lack of institutional support for maintaining any awareness of the interdisciplinary composition of the team. Once team operation begins, there is reduced opportunity for individuals hired as "Work and Training Specialists" or as "Manpower Specialists" to be reinforced and strengthened in the area of specialization he was (often arbitrarily) assigned when hired for the WIN project.

An "intermediate reference group" to co-exist with the team, which is the primary reference group, must be institutionally reinforced if inter-positional areas of specialization and expertise are desired on the team. Group meetings and staff development by position as well as by team (using case discussion techniques, etc.) is one strategy for reinforcing the interdisciplinary nature of team composition. At the time the data from which the present chapter is drawn were being collected, the Detroit WIN project was beginning to have Manpower Specialists work together as a group in finding job placements. It is interesting to note this in light of the fact that when the three sets of data are compared with regard to leadership, interaction and decision, it is Detroit which shows the most diversity in choice of leader and shows the greatest inter-positional deviation. While no causal inference can be drawn on the basis of this inter-site difference, it is interesting to consider the plausible hypothesis that Detroit's inter-disciplinary staff activities did affect team decision processes.

Whether or not the concept of an interdisciplinary team is useful in terms of team output cannot be directly addressed in this chapter because the interdisciplinary aspect of the team concept has not had an opportunity to be fairly tested in the larger WIN structure. In concept, it seems useful and certainly the team, as it does function, provides much needed supports for member decision-making and overall functioning. The prepotence of dimensions dictated by site-related variables when compared to team-structure variables is one reason for the limited impact of the team variable. The inconsistent project structure of traditional supervisory roles and team member roles is another reason. The lack of specialty (discipline) related intermediate reference groups is another reason for the interdisciplinary team concept to be limited in its impact.

What we find happening to the WIN organizations is an all too common phenomenon in all human service (health, social, educational or manpower) fields. The rise of the interdisciplinary concept has introduced role fusion and role expansion. The emergence of new roles for community residents has further complicated the functions of the different disciplines.

The utility of the team as a work group and the importance of the team as the primary reference group often works contrary to the differential emphasis that different disciplines can bring to it. Repeatedly, researchers[11, 12] have pointed to the importance of the interdisciplinary team as a work group and the need for constant reinforcement of discipline oriented reference groups on such teams. Likewise, an inconsistent organizational structure has often resulted when new approaches to service delivery are undertaken. Particularly

11. Baker, F., O'Brien, G. and Sheldon, F. "Reference Group Orientation of Occupational Therapists: Role Orientation at a Changing Mental Hospital." American Journal of Occupational Therapy, 1968.

12. Bennis, W. G., Berkovitz, N., Affinito, M. and Malone, M. "Reference Groups and Loyalties in the Outpatient Department." Administrative Science Quarterly 2(1958):481-500.

the consensus oriented team and the traditional and more authoritarian organizational structures come into conflict. This apparently is happening in the WIN program. While the issue of which structure is to dominate must be resolved in order to achieve satisfactory organizational efficiency,[13] a transitional state of operation often exists.

13. Baker, F., Schulberg, H., Yager, J. and O'Brien, G. "Problems of a Centralized Department in a Decentralized Mental Hospital." Social Science and Medicine 4(1970):239-52.

Chapter 9

Summary

This report has presented a study of three WIN programs undertaken by a consortium of schools of social work at the University of Chicago, the University of Michigan and Case Western Reserve University. This chapter provides a summary of the purposes, design and major findings of the study.

PURPOSES AND DESIGN

The study reported in this volume consisted of an exploration of decision-making of three sets of actors in the WIN program: caseworkers in the referring department of welfare; AFDC mothers referred to and participating in the program; and WIN team members. The primary purposes of the study were to contribute to knowledge of the operations of the WIN program and to generate results that might be used to improve these operations.

Our attention was focused on certain key decisions: program entry decisions, particularly those pertaining to the referral and enrollment of the AFDC mother; decisions in respect to child care arrangements; decisions concerning choice of training component; decisions about the enrollee's continuance in the program; and decisions relating to jobs. The contributions of the referring caseworker, the AFDC mother and the WIN team members to these decisions were examined. The study sought to investigate the nature of these decisions, the factors affecting them, the processes that produced them and the respondent's evaluation of the decisions and decision-making processes.

Project data were derived largely from structured interviews with caseworkers, clients and team members in three locales, Chicago, Cleveland and Detroit. Interviews with representative samples of caseworkers (combined n = 150) attempted to elicit the cognitive and attitudinal bases for their referral

decisions--their knowledge and perception of WIN, their attitudes toward the program and toward mothers' working. Their views of the organizational pressures and constraints in respect to referral decisions were obtained. They were queried on the referral criteria and processes they actually used and were asked to make referral decisions about a number of hypothetical clients.

The client sample was obtained by taking consecutive referrals to WIN from a designated date until the desired size was obtained, although some variations in this procedure were necessary in one city (Detroit). The clients were interviewed at two points of time: immediately after referral (N = 318) and eight to ten months later (N = 261). Biographical, situational, attitudinal and motivational factors that might affect their decisions in respect to WIN were elicited. These included their educational, work and welfare histories; family and life circumstances; their attitudes toward mothers' working and child care; their perceived ability to affect their environment; their interests in education, training and work; their attitude toward WIN itself. Their participation in the referral decision was examined and their appraisal of this decision was obtained. Finally, attention was given to decisions they had already made and were contemplating in respect to child care arrangements.

The content of the second interview varied according to the client's status at that point: not yet enrolled; still in the program; dropped out; or terminated. In general, the focus was on decisions relevant to the client's status. For example, those clients still in the program (the modal category) were asked about their role in decisions concerning training components and their perception of the processes that produced these decisions. Their evaluation of both the decisions and the decision-making processes were elicited. All clients were queried about further decisions on child care arrangements and all completed various attitude scales given in the first interview.

Data were collected from virtually all WIN team members (N = 120) in the three programs, at about the time of the second interview with the clients. A self-administered questionnaire and a structured interview were used to obtain information on the kinds of decisions made in respect to particular kinds of clients, their criteria for such decisions and the use of the team approach in decision-making. Their decisions in respect to specific enrollees (N = 29) included in our client sample were also examined.

Use was made of a variety of less systematic procedures to obtain necessary contextual data. These procedures included review of case records, manuals and memoranda; informal interviews with administrators of WIN and welfare programs; and observations of staff and WIN team meetings.

MAJOR FINDINGS

The summary to follow will be confined to major results of our formal, quantitative study of decision-making of caseworkers, clients and team members. Results of our qualitative analysis of the program are presented in Chapter 2.

Caseworkers

The caseworkers in our sample were predominantly white, female and under 30 years of age. Most were college educated and for most this present job was their first since leaving college.

The caseworker's decision to refer a given client to WIN seemed most strongly influenced by her perception of the client's motivation. The client's interest in entering the program or in obtaining a job, tended to be given more weight than such other factors as availability of child care, number and ages of children or her work potential. The caseworkers' generally favorable attitude toward the program and agency pressures to refer clients, particularly in Chicago, were general factors prompting decisions to refer.

Although it might be hoped that caseworkers would apply uniform criteria in their decisions to refer or not refer clients to WIN, we found considerable variation in such criteria. Basically two orientations to referral decisions were discovered. One group of workers, notably younger female caseworkers, gave greatest weight to the clients' work potential in their decisions; another group, particularly workers who had radical attitudes toward the welfare system, tended to stress child-care factors.

Referral rates among caseworkers showed striking variation: from caseworkers who referred less than five percent of their caseloads to WIN, to caseworkers who referred all their cases to the program. The average (median) caseworker referred 30 percent of her caseload. The caseworkers' referral rates, like their decision criteria, were found to differ according to their personal characteristics: black caseworkers tended to have higher referral rates than white caseworkers; the group with lowest referral rates consisted of white caseworkers who felt alienated from their agencies.

The caseworker's role in the WIN program seemed limited to the referral decision itself. Although the caseworker has a potential role in helping the client decide on child care arrangements, the majority of the caseworkers limited their function to approving client-initiated child care plans. There was little evidence that caseworkers participated in decision-making concerning the client's career in WIN following her enrollment.

The Clients

The typical (median) client in our sample had been receiving public assistance between three and four years at point of referral to WIN. Ninety percent were black. While the great majority had some high school education, less than a third had completed high school. Nine out of ten of the women had

been employed at some time. The majority had been out of work less than two years.

The majority of the women we interviewed thought they would be pressured or penalized in some way if they did not participate in WIN--in fact, a quarter feared they would be taken off AFDC altogether. Although our respondents apparently felt under some constraint to enter WIN, they seemed in general to be looking forward to the prospect: 90 percent indicated they were "pleased" or "very pleased" over their referral to WIN. Even when we take into account that the caseworkers had reported a higher incidence of negative client reaction to referral, over all client response to referral to WIN seemed to be favorable. The client's decision-making was perhaps analagous to the decision-making of the soldier who is ordered to accept an assignment he finds attractive. While his choice is constrained, his interest are consonant with those of his organization and no conflict arises.

The respondents positive view of the referral decision seemed to be a reflection of their hope that they might be able to obtain a job through WIN: about three-quarters of the women expressed this hope prior to entering the program. While it was clear that most of our respondents were interested in working--over 80 percent said they preferred to work rather than stay at home--it was also clear that just any job would not do. The women appeared to be attracted by two possible benefits of work: its potential to increase their income or to provide them with interesting and personally rewarding activities. Almost all our respondents expressed dislike for unskilled, low paying work (as domestics or waitresses, for example) that would presumably provide neither kind of benefit. Their distinct preference was for skilled jobs which would require training.

Of the group of 261 women reinterviewed at Time 2 (eight to ten months

after the initial interview), almost half (47 percent) were still in the program; 29 percent were never enrolled in WIN; 19 percent had left before completing their employability plans; and 5 percent had completed the program. The enrollees who were still in (or who had completed) WIN had been in the program a mean of 35 weeks. Enrollees who had "dropped out" (that is, prematurely terminated) had spent a mean of 21 weeks in the program. According to WIN records, the largest single group that participated in the program (35 percent) had been in educational programs only (at grade school, high school and junior college levels); an additional quarter had been in job training components only; and a small proportion (6 percent) had been in both educational and job training programs. A third had thus far received neither education or job training--the principal instrumentalities of the program. When asked during the second interview what they were doing "now" in WIN, 35 percent of the clients reported they were "doing nothing" or waiting for admission into an educational or training component. In one program, (Cleveland) almost half the respondents replied they were either "waiting" or "doing nothing."

Within this context of program experiences, we examined the client's perception of her degree of choice in planning her career in WIN. While most clients felt that they had sufficient choice about what they had done in WIN, a substantial proportion (29 percent) felt they could make decisions about very little or nothing in the program. Although most clients thought they had a voice in decision-making, it was also true that most--almost three-fourths--foresaw pressures being brought to bear if they did not cooperate with WIN personnel. The majority of these clients were of the opinion, however, that these pressures would be relatively benign--WIN personnel would try to "talk them" into cooperating.

The design of the WIN program called for the clients' decision-making

to be assisted by a team of workers, with each helping the client with decisions falling in his own area of expertness. Almost all clients reported some contact with the Counselor and the majority (58 percent) had been seen by the Work-Training Specialist, but only 35 percent indicated any contact with the Coach and only about a quarter with the Manpower Specialist. Thus only the Counselor and Work-Training Specialist appeared to have been in a position to have any direct effect on the decision-making of the majority of the respondents. Not surprisingly these two team members were more likely than the other team members to be named as "most helpful" by the respondents. Interestingly enough the Coach--a paraprofessional who is expected to assist clients with a variety of personal and social problems interfering with their program participation--was regarded as the most helpful team member by only six percent of the respondents.

From the viewpoint of many clients there is considerable room for improvement in the helpfulness of the team members. While a majority of the respondents (52 percent) indicated their contacts with team members had obtained results--problems had been resolved or satisfactory decisions reached--a quarter of our clients said that nothing had resulted from their talks and the remainder gave "mixed reviews."

Through application of correlational and factor analytic techniques, it was discovered that several factors examined thus far--the client's level of participation in the program, her perception of choice in decisions affecting her and her attitude toward team members--were related to one another and to the client's general satisfaction with the program. The clients who tended to be inactive in the program also tended to feel that their role in decision-making was restricted, regarded WIN team members as less helpful and were less satisfied with the program. Moreover, client satisfaction with the program

was found to be more dependent on this set of factors than any other factor or set of factors that could be identified. Quite likely, clients who were shunted into inactive statuses felt deprived of choice, since they wanted to become involved in training or educational components. If they remained inactive against their will, they may then have developed a poor opinion of the helpfulness of WIN team members and of the program in general.

On the whole the clients appeared satisfied with WIN at the time of the second interview, although less than a majority (40 percent) said they were "very satisfied" and almost 30 percent indicated that they were dissatisfied to some degree. Not surprisingly the level of client satisfaction was lowest in the Cleveland program, in which the problem of client inactivity was the greatest.

Their ratings of various aspects of the program revealed one finding of particular interest: the aspect given the lowest rating was the incentive payment. The explanation may be that incentive payments were often delayed for one reason or another and there seemed to be frequent misunderstandings about eligibility rules, payment procedures, etc. Nowhere in their responses to our questions (and they had several opportunities) did the clients themselves give any indication that the incentive check was a major factor attracting them to or keeping them in the program, even though most of the caseworkers interviewed considered the incentive to be decisive or important from the client's point of view.

Since the central goal of the WIN program is to place enrollees in jobs, client decision-making concerning employment is a subject of paramount importance. It had been anticipated that more of our clients would have been faced with job decisions than proved to be the case, since WIN administrators believed that a number of women would be "job ready" and that others would not require a

long period of training. Actually only 18 women in our sample were referred by WIN to employers and of these women only 12 secured jobs.

Larger numbers of women (22) were either employed at the time of our first interview or obtained jobs on their own (19) between the first and second interviews. The small number of women who completed WIN and obtained jobs as a result did, however, obtain better jobs (mostly clerical or technical) than the women who found work on their own--mostly in unskilled service occupations.

The women who were never enrolled (N = 77) in the program or who terminated prematurely (N = 50) did not differ substanially in respect to characteristics we were able to measure from the women who remained in or completed it. The "never enrolleds," most of whom were in the Detroit sample, gave a variety of reasons for not entering the program; the most common was that they simply were not contacted by WIN. Most of the women who dropped out gave either health or child care reasons, in that order of frequency. Interestingly enough, the great majority of women in both groups indicated that they wanted to enter (or reenter) the WIN program.

A major factor that must be taken into consideration in efforts to involve mothers in work-training programs and in the labor force is the availability of child care. Eighty-six percent of our initial sample of 318 women needed some form of child care for a total of 600 children. The typical mother had to plan for two children although some mothers had as many as six or seven children requiring care. In WIN, the AFDC mothers assume almost total responsibility for child care planning and implementation as the role of welfare caseworkers and WIN team members is very limited in this area.

Our findings indicate that most AFDC mothers both prefer and use in-home care for their children. Two-thirds of the children in child care at the time of the second interview were cared for in their homes. Virtually all of

the children ages 13 and over took care of themselves outside of school hours. Specified arrangements used for younger children (infancy to age 12) were: care by a friend, neighbor or sitter (31 percent); care by a relative other than the child's father or siblings (19 percent); self-care (12 percent); care by siblings (12 percent); day care centers, nursery schools and Headstart programs (8 percent); and care by the child's father (5 percent). Only 13 percent of all the arrangements used involved licensed caretakers or facilities. On the whole the mothers were quite satisfied with these arrangements as only 6 percent of them were rated by the mothers as unsatisfactory. The unsatisfactory arrangements were primarily self-care and care by siblings of children under 13 years of age.

A number of factors enter into the mother's decision-making about the form of child care to use. These include the number and ages of children she has to plan for, special problems any of her children may have, the length of time and hours for which child care is needed, the proximity or availability of transportation to and from the day care facility and the necessity of alternate plans if a child is ill. For example, any of the above may preclude a mother's use of a day care center for her 3 - 5 year old child, even though she may prefer this arrangement for that child. (Almost half of the mothers in our sample cited day care centers as the preferred arrangement for children ages 3 - 5.) Mothers in our sample tended to choose arrangements that would accomodate all of their children and that were convenient for them to use.

Our sample of mothers would be expected to have less serious problems with child care than AFDC mothers in general. Mothers in WIN were screened prior to referral by their welfare caseworkers for potential child care problems. Still, a fifth of the women in our sample who had not been enrolled in WIN or who had dropped out cited lack of child care as a reason. However, an

examination of our data indicates that the relationship between child care and participation in WIN is a complex one; that is, child care seems to act in conjunction with other factors to determine a mother's participation. If problems with child care are combined with other unfavorable conditions, such as a preference for staying home or having very young children, the balance may be tipped in favor of precluding or terminating a mother's WIN or work career. On the other hand, highly motivated mothers tend to participate even at some cost to themselves and their children.

The WIN Team Members

The biographical characteristics of WIN team members tended to vary according to position: Counselors and Work and Training Specialists were predominantly female, white and under 35; Manpower Specialists were considerably older--half were over 50. Most of these team members had college degrees. The Coaches, without exception, were black; none was a college graduate. The Manpower Specialists had been with the WIN program longer (mean, 21 months) than other team members (mean, 12 months).

Although the decision-making of each WIN team member is supposed to be based on his area of expert knowledge and although in-service training had been provided with this purpose in mind, team members were in agreement that the other staff members were their most useful source in acquiring information to help them do their jobs. With the exception of the Manpower Specialist, the team members ranked enrollees and training prior to WIN as more important sources of information than supervisors, in-service training or agency manuals. In interpreting these findings it should be remembered that WIN team members interact primarily with other members of their own teams--who could scarcely be expected to provide them with knowledge about their own discipline.

In view of these results it was not surprising to find that team position

accounted for little systematic difference in the attitude and perception of WIN workers in respect to the client and the agency. The only appreciable difference occurred in relation to orientation toward the client: the Manpower Specialist was less client-centered than other team members. More impressive differences occurred in relation to program site (Chicago, Cleveland or Detroit). Thus variation in the attitudes and perceptions of WIN team members appeared to be more a function of the program in which the team members were located than the team position they held.

A similar lack of difference among team members is found when we turn to the content of their decision-making functions--the problems and issues dealt with in their interactions with clients. The three topic areas most frequently discussed with clients concerned the client's education, job interests and health needs, roughly in that order. Each team member placed these areas first and in almost identical rank order when asked to describe what he did with clients. In general there were no significant differences in topics they discussed with clients. Finally there was considerable disagreement among team members on which tasks <u>should</u> be performed by a team member holding a given position.

Although the team members might not function in distinctive ways, the teams did emerge as viable work groups. Interaction among team members was generally high. The Counselor tended to be identified as the leader in the interaction, with differences again among sites. Relationships within the team were generally perceived as less conflicted than relationships between team members and "outsiders" including the team's supervisor and the welfare caseworker. Team morale was generally rated high by the team members.

Interactions among team members were more likely to be focused on decisions concerning enrollees than on the role performances of team members or agency procedures or policies. Important decision points were identified as

occurring at the first interview, prior to entry into the first educational or training component, and during or after subsequent components. Again the differences among sites were greater than differences related to team position.

The decision-making of WIN team members was examined in relation to a series of hypothetical cases. The team members tended to give the client's motivation--what the client seemed to want--greater weight in reaching their decisions than such other factors as the client's prior work history, work skills, record in WIN or the potential job market. As a rule the team members favored upgrading the client's educational or vocational level rather than immediate employment in unskilled jobs. Again there were few systematic differences in decision-making according to the position held by the team member.

Team members were asked a series of questions about specific women (n=29) who were part of our client sample. These data revealed certain discrepancies between the client's perspectives and those of the team member. The majority of the team members--only Counselors and Work-Training Specialists were used in the analysis--were of the opinion that counseling was what their clients needed most from WIN. Not a single one of these clients, however, had indicated that counseling was what they wanted from the program.

The team members tended to recommend jobs or training for jobs they thought their clients wanted and there was a fair degree of agreement between the team member and the client in respect to the general nature of the occupation. There was often disparity between the team member and the client however in respect to the specific type of job at issue. Finally, the WIN workers were considerably less optimistic about the client's ability to carry out professional or quasi-professional jobs--e.g., teacher, counselor, dietician--than the clients themselves.

APPENDIX

The Male WIN Client in the Cleveland Program

Although the study focused on the female WIN enrollee, a small sample of male enrollees was studied for purposes of comparison. The instruments used with the female sample were employed with the male respondents with whatever variations were indicated by differences in the sex role. Difficulties in securing adequate numbers of male enrollees in Chicago and Detroit--at the time we collected data very few men entered the WIN programs of those cities--resulted in a sample that was much smaller than intended and one confined almost entirely to the Cleveland program. This brief report will be confined to data obtained from the men in that program.

The sample comprised 30 male recipients of the Aid to Families with Dependent Children--Unemployed parents (AFDC-U) who entered the Cleveland program during the period, March, 1970 through July, 1970. The follow-up was completed during the period of January, 1971 to April, 1971. The method of sample selection was similar to that used for the female enrollees (see Chapter 4).

Description of the Sample

The sample from which the following data are reported consisted of 30 respondents. Of these 30 respondents, 15 were black, 13 were white and two were Latin American. All were married.

With respect to age, 10 were 26 years of age or younger, nine were between the ages of 27 and 34, and the remaining 11 were between the ages of 35 and 53. The median age was 28. About half (14) had less than a tenth grade education; ten had some high school and only six had received a high school diploma.

With respect to the length of time the respondents have been unemployed,

23 have currently been unemployed for less than one year; five have been unemployed from one to two years; the remaining two have been unemployed for a period of three to four years.

To evaluate the occupation levels of the respondents, they were asked to list the types of jobs held in the past and the length of time each job was held. Several other items were then asked about the job held longest. For the purpose of this report, the job held longest by each respondent was coded by using the U.S. Bureau of Census Classifications and collapsed into the following categories: white collar; blue collar; service work; unskilled labor. With respect to the longest job held by the respondents, two held clerical or white collar positions; 13 maintained blue collar positions; three occupied service positions; and 11 held some type of unskilled labor jobs.

With respect to his longest held job, each respondent was asked how he learned to do the work. Twenty-six (87 percent) stated they learned to do the work while on the job; one man indicated he had received no training; one enrollee indicated that he had learned the job while in high school.

The data indicate that on-the-job training was most frequently mentioned by the men as the way in which they learned whatever skills were required for their longest held job. None of the male respondents mentioned that they had learned these skills in any special training program. After asking these items relative to the respondents' present employment situation, data were sought with respect to his occupational aspirations. The positions to which the respondents desired training were grouped into white collar, blue collar, service and unskilled categories. Of the respondents, nine stated they would like to be trained for white collar positions; 20, or two-thirds, would like to be trained for blue collar or service positions; only one wanted to be trained in some type of unskilled job category.

Considering the length of time on welfare: 20 men had currently been receiving welfare for less than six months; 5 men had been receiving welfare from between seven and 12 months; 4 have been on AFDC-U from one to two years; and 1 man had been on aid from three to five years prior to being referred to the WIN program.

When the sample was asked what type of work they would prefer, blue collar jobs were the most commonly cited. By contrast, the female enrollees, it will be recalled, preferred clerical and technical jobs (Chapter 6). The men were asked why they would prefer a particular job. Their choices were between pay, job content, environment (job surroundings), and future (promotability). It was found that job content was the major factor in selecting a job. Nineteen men indicated that job content would be the most important factor to consider in selecting a job. Seven enrollees felt that pay was the most important consideration; three men felt that job surroundings was the most important; and one respondent felt that chances for promotion was the most important consideration in selecting a job.

Referral Process

Information was sought regarding welfare recipients' feelings and perceptions about referral to the WIN program. Twenty-two men knew what the WIN program was about, whereas eight stated that they didn't know anything about the WIN program. Social workers were cited as being the primary source of information regarding the WIN program. The majority (62 percent) were pleased about their referral to WIN and the remainder of the sample were ambivalent. The male enrollees were asked why they thought they were referred to the WIN program. Thirteen men felt that social workers wanted them to have a job. Four enrollees felt that their referral to WIN came as a result of their own request. Only one man felt that it was an automatic referral to WIN. To

further ascertain the decision-making choices enrollees had, they were asked if they felt they had a choice about the WIN referral. Fifteen or 54 percent of the males who responded to this question felt that they did not have a choice; eight, or 29 percent, felt that they did; the remaining five said that they weren't certain.

One of the critical components of the WIN-Welfare relationship is the enrollee's perception of what would happen to him if he chose not to voluntarily participate in the program. This question was asked of the enrollees, and 16 respondents indicated that they felt they would be removed or taken off welfare if they refused to participate in WIN. Four believed that their welfare checks would be held up or delayed; one felt that nothing would happen; and six indicated that they didn't know. Thus, 20 or two-thirds of the respondents expected some penalty if they refused. By contrast only a third of the female enrollees thought their grant would be affected and 44 percent thought that "nothing would happen" if they did not enroll in WIN (see Chapter 6).

Description of Sample at the Time 2 Interview (approximately six months after Time 1)

Six months later, when the same sample was reinterviewed, it was discovered that six of the original 30 could not be located. It was found from friends and neighbors that four of the six had moved out of state and the whereabouts of the other two were unknown. Of the remaining 24 in the sample at the Time 2 interview, 12 were still in the WIN program and the other 12 had either dropped out or had never enrolled. Further breakdown of the 12 who are not in the WIN program at the Time 2 interview reveals that four men never enrolled in the program and eight had dropped out subsequent to enrolling in it. For purposes of analysis, the never-enrolled category and the WIN-dropped were combined to total 12 men out of the program for comparison with the 12 men who remained

in active WIN status. Five men indicated that they were dropped from the rolls of the WIN program because they had obtained employment. One person indicated that he had appealed the referral to the welfare department because he did not want to be in the WIN program. Two men were of the opinion that the WIN program dropped them. All of the men who were dropped by WIN inidicated that they agreed with WIN's decision to terminate them from the program. Of the 12 men who were in non-WIN status, seven indicated that they would like to get back into the program and four stated that they would not. This finding is similar to results obtained for female clients who had not entered WIN or who were no longer with the program--the majority of the women in these groups also wanted to get back into WIN. Further breakdown of reasons why men did or did not want to return to the WIN program revealed that health problems and uncertainty about the WIN program were stated as reasons for two of the men not wanting to return to the WIN program. As reasons for wanting to return, three men indicated that they wanted a job; three men indicated that they wanted the job training; and two men indicated that they wanted the opportunities that WIN had to offer. It is worth noting that not one of the original 30 men had obtained employment as a result of WIN training or services--six months after referral. Some of those still in the program at Time 2 may have obtained jobs subsequently, however.

Participation in the WIN Program

Six men indicated that they had problems participating in the WIN program. It was revealed that four men felt that WIN offered more than what they expected, whereas 11 men felt that WIN was a disappointment inasmuch as it offerred less than that for which they had hoped. The sample was asked what they liked best about WIN and the orientation component was revealed to be the most preferred aspect of the program. The second most preferred aspect of the WIN program was both the fringe benefits and the training programs. Conversely,

the men were polled regarding what they liked least about WIN. Five men indicated the worst part of the program was the time wasted, i.e., the great amount of time that was spent between program components and in the hold status. Two of the sample felt that what they liked least about the program was the fact that they didn't obtain a job. The remaining men didn't respond to the question.

As did the female clients, the male enrollees perceived that the most helpful person among the WIN staff or the WIN team was the Counselor. Thirteen men indicated that the Counselor was seen as the most helpful person to the enrollee.

Enrollees were asked if they were able to make any decisions regarding the WIN program. Eleven men indicated that they did make decisions; eight said they were not able to make any decisions. The area around which clients made the most choices was in specific training programs. Five of the sample said that they made choices in this particular area. The other choice that was indicated by more than one of the men was that with regard to choice between taking or not taking a job. Similarly, two of the men indicated that they had a choice as to whether to drop out or to stay in WIN. Enrollees were asked how they felt about decisions that were made in the WIN program. Nine indicated that they were satisfied. There were no enrollees who indicated, during the study, that they were not satisfied.

As Table A-1 reveals, one of the men at the Time 2 interview was working on his high school diploma. Nine of the men were in some waiting procedure--either for a job or a training opening. Two of the men felt that they were doing absolutely nothing in the program at the time of the interview. Only one man indicated that he was doing anything other than waiting for a job or a job-training opening. It appears that lack of active participation in

TABLE A-1

Distribution of Sample by Present Activity in the WIN Program

ACTIVITY	Number
Working on High School Diploma	1
Waiting for Job	4
Waiting for Educ/Trng Opening	3
Waiting	2
Nothing	2
TOTAL	12

the program is a problem for men as it appeared to be for the women (see Chapter 6).